M	Division of STATISTICAL RESEARCH AND RECORDS,	301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
	07291 CERTIFICA	TE OF DEATH
1.	PLACE OF DEATH a. COUNTY Prince George MARYLAND	2. USUAL RESIDENCE (Where decreased fively, it institution: Residence before admission) o. STATE Maryland b. COUNTY Prince George
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Cheverly	c. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest tawn) Boulevard Heights
7+	d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) Prince George's Hospital	d. STREET ADDRESS 3204 Fairhill Drive e. IS RESIDENC ON A FARM YES \(\sum \) NO
3.	NAME OF First Middle DECEASED (Type or print) NAME OF First Middle L.	lost 4. DATE Month Day Year Abendschein DEATH May 4 1966
	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED DIVORCED DIVORCED	8. DATE OF BIRTH March 3, 1903 9. AGE (In years lift UNDER 1 YEAR IF UNDER 24 Months Days Hours If
qh	u. USUAL OCCUPATION (Give kind of work done ing most of working lite, even if retired) anager - Oak Crest Club	11. BIRTHPLACE (County & State, ar fareign country) Washington, D. C. 12. CITIZEN OF WHAT COUNTRY? U.S.A.
13	Frederick P. Abendschein	14. MOTHER'S MAIDEN NAME Ruth E. Nash
15 (Y	A lot as the same of the same	7. INFORMANT Address [abel R. Abendschein 3204 Fairhill Drive
	18. CAUSE OF DEATH (Enter only one cause per line for (a) (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE (AUSE (a) DUE TO Canditions, if any, which gave rise to immediate cause (a), stoting the underlying couse (a) last. (c)	Thombosio INTERVAL BETWEE ONSET AND DEAT
ATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED Abeles Mel	PERFORMED?
L CERTIFICATION	200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	ED. (Enter nature of injury in Port I or Port II of item 18.)
MEDICAL	20c. TIME OF INJURY Month, Day, Year Haur a.m. p.m. 19 20d. INJURY OCCURRED While of wark at work 20e.	PLACE OF INJURY (Home, farm, factary, street, affice bldg., etc.) 20f. (City ar town) (County) (Statement of the country) (State
	21. I certify that (I) (this hospital) attended the deceased from	hot death accurred atM, from causes ond on the date stated atM. M.D. ATTENDING MED. STAFF PHYS 22b. DATE SIGNED
23	b. BURIAL, CREMATION, REMOVAL (Specify) Burial 5-9-66 Arlington	National Arlington Virginia
W	4 FUNERAL DIRECTOR 1 Home 4308 Suitland Rd	Suitland 250. REC'D BY REGISTRAR 256 PEGISTRAR'S SIGNATURE 250 PEGISTR

MARYLAND STATE DEPARTMENT OF HEALTH

AWARENDO BIAMBILING the state of the s

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral 24 hours after death. and PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution; Residence before admission) a. COUNTY Mary land Prince George's after by the Pages 1 Prince George's MARYLAND b. CITY OR TOWN (if outside corporate limits, c. LENCTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town) College Park Cheverly 16 -.= bon papers. within 72 hu d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) filled d. STREET ADDRESS e. IS RESIDENCE ON A FARM? Prince George's General Hospital 8112 51st. Ave. NO YES executed within letely pou NAME DE First Middie Last DATE Month Day Year DECEASED DF (Type or print) Hattie Adams May 19 66 DEATH 6. COLOR OR RACE | 7. MARRIED | NEVER MARRIED SEX DATE OF BIRTH ACE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS. | Isat birthday) | Months | Days | Hours | Min. P WIDOWED X DIVORCED 86 Female Negro 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT 11. BIRTHPLACE (County & State, or foreign country) during most of working life, even if retired) COUNTRY? 11.5.19 PHYSICIAN: The law requires that the death certificate phy FATHER'S NAM MOTHER'S MAIDEN NAME remova attending | Obinson 15. WAS DECEASED EVER IN U.S. ARMED FORCES? transit permit. 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unkown) | (If yes give war or dates of service) HAHIE WILLIAMS the 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN al-transit ONSET AND DEATH signed by PART 1. DEATH WAS CAUSED BY: **O HOSPITAL OR ATTENDING PHYSICIAN.** The law requires that till Page 4 may be retained by the hospital or attending physician. Congestive Heart Failure IMMEDIATE CAUSE (a) burial-t burial, Calcific Mitral Stenosis DUE TO Conditions, If any, which (b) the bu gave rise to immediate DUE TO Chronic Rheumatic Heart Disease cause (a), stating as th underlying cause last. certificate has (c) CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION CIVEN IN PART 1(a) 19. WAS AUTOPSY for use Health PERFORMED? YES NO T 20a. ACCIDENT WAS UNDERLYINC ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) DESCRIBE HOW INJURY OCCURRED, (Enter nature of Injury in Part I or Part II of Item 18.) etached to Dept. of CAL 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED | 2De. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) det e D factory, street, office bldg., etc.) Hour a.m. MEDI Not While DIRECTOR: After p.m. at work should 3 should with the 21. I certify that (1) (this hospital) attended the deceased from , 19_66, that (I) (we) last 19 66, to 5-1 saw the deceased alive on 66, and that death occurred at . 1 5 AM, from the causes and on the date stated above. 22a. SICNATURE 22b. DATE SICNER ge ATTENDING DIRECTOR M.D. PHYS. pag O FUNERAL director, pa should be fil PHYSICIAN'S 22d. ADDRESS NAME (Type) 3308 EURIAL, CREMATION. 23d_ DATE THEREOF NAME OF CEMETERY OR CREMATORY LOCATION (City, town or-county) (State) REMOVAL (Specify) 0 FUNERAL DIRECTOR 25a. REC'D BY RECISTRAR I 25b. REGISTRAR'S SICNATURE VR A.15 (4) 20M 1/65

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) a. COUNTY o. STATE b. COUNTY 0 death. Prince George's CITY OR TOWN (If autside carparate limits, MARYLAND Maryland Prince George's State Department c. LENGTH DF STAY IN 1b c. CITY DR TOWN (If autside carparate limits, write RURAL and give nearest tawn) write RURAL and give nearest tawn) after Cheverly 9 hours Colmar Manor d. NAME DF HDSPITAL OR INSTITUTION (If not in haspital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? haurs Give Pages YES NO X Prince George General Hospital 3601 40th Place 3. NAME OF Middle 4. DATE Manth within 72 DECEASED Mabel Clarice (Type or print) Adams DEATH with S. SEX 9. AGE (In years 6. COLOR OR RACE 8. DATE OF BIRTH 7. MARRIED NEVER MARRIED lost birthdoy) Months Doys event White WIDOWED DIVORCED Female 19 Feb. 1894 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT during most of working life even if retired) Housewife INDUSTRY COUNTRY? Elmo, Nebraska any pages in any pencil 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME Mollie F. Pearce James W. Adams File pup 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, na, ar unknown) ((If yes give war ar dates of service) 17. INFORMANT 16. SOCIAL SECURITY NO. Address ar removal, 578-34-5707 Mrs. Maxine Leadbetter (above address (Daughter) 18. CAUSE OF DEATH (Enter only one couse per line far (a), (b), and (c).) INTERVAL BETWEEN PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Hemorrhage and shock writing the word crematian, DUE TO From ruptured spleen Canditians, if any, which gave (b) and left hemothorax rise ta immediate cause (a), and right subdural hematoma ll hrs. stoting the underlying cause burial, a 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(g) CERTIFICATION please execute the certificate, YES NO pe 0 20a. EXTERNAL CAUSE WAS PRIMARY A or CONTRIBUTING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) CAUSE OF DEATH Fell down basement steps. INJURY OCCURRED 20e. PLACE DF INJURY (Home, form, 20f. (City ar tawn) 20c. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED (County) (State) Nat While at work factory, street, office bldq., etc.) may be retained far yaur FUNERAL DIRECTOR: Page While of work 19 66 Same as #2 Home designated 21. I certify that I taak charge of the remains described above, held an Autopsy Inspection x Inquiry x and in my apinian the funeral director. Natural causes 7. death resulted fram: Undetermined manner Accident Suicide . Homicide CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE DEPUTY MEDICAL EXAMINER a **EXAMINER'S** John Kehoe, M.D. Riverdale, Md. 5-6-66 Health NAME (Type) Address (Street, city, Jown, or county) 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23a. BURIAL, CREMATION, 23d. LOCATION (City or Town) (County) (State) 50

Wash . Nat . Cemetery

ADDRESS Mt Rainier 250. REC'D BY REGISTRAR
Maryland

Suitland, Md.

25b. REGISTRAR'S SIGNATURE

VR A15ME (5)

5/7/66

24. FUNERAL DIRECTOR Nalley's Funeral Home Inc.

be executed within

This certificate shauld

O DEPUTY

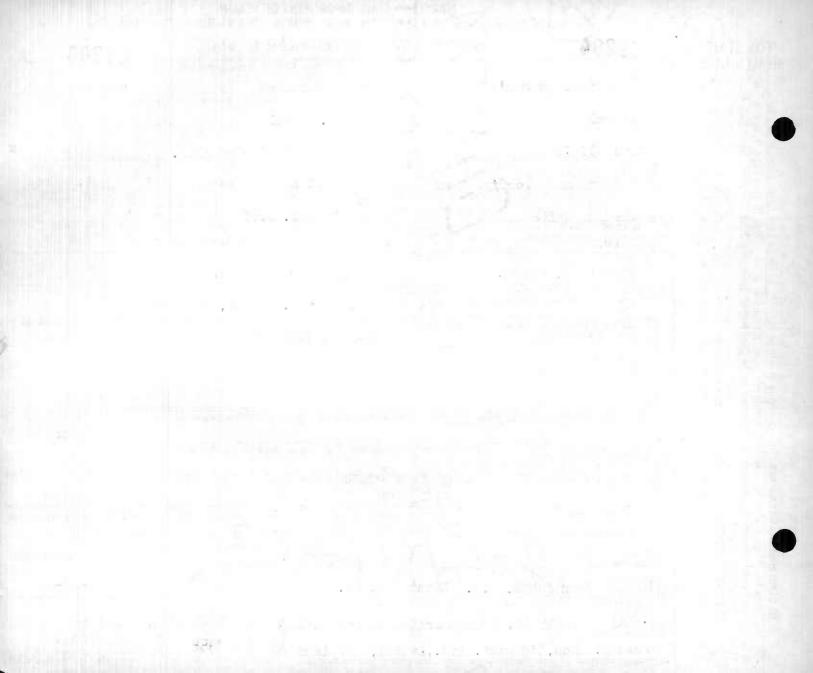
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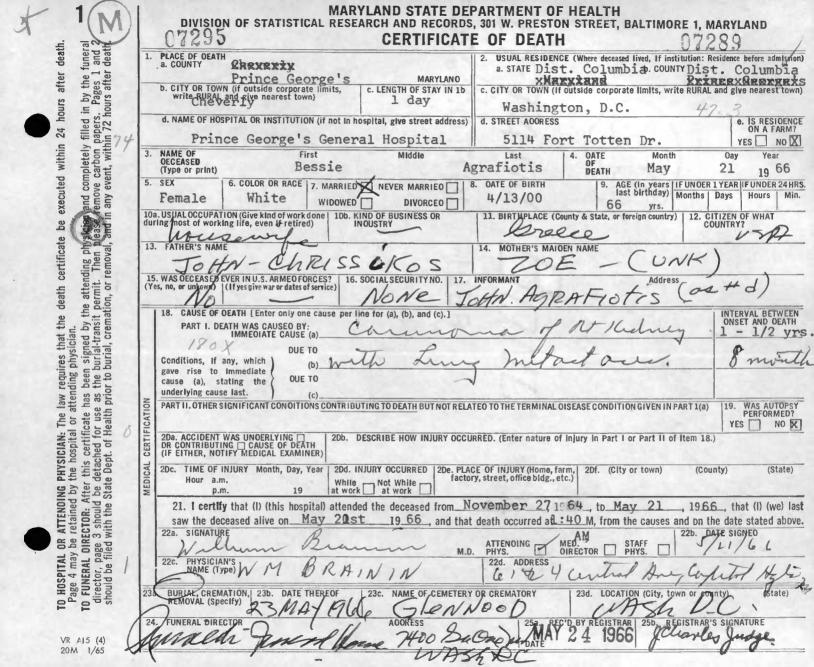
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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DERF. 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission o. COUNTY o. STATE b. COUNTY ny delay is Page Prince George's MARYLAND Maryland Howard c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) b. CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 16 write RURAL and give nearest town) after N. Laurel Laurel DOA d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? Office along with farm haurs Give Pages 1, Laurel Clinic 200 Washington Blvd YES NO Z 3. NAME OF First Middle Lost 4. DATE Doy Year DECEASED 12 1966 (Type or print) Adkins DEATH Terriv Lynn IF UNDER 24 HRS. S. SEX 6. COLOR OR RACE MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR in Item 18. lost birthdoy) Months Dovs Hours haurs WIDOWED DIVORCED Sept. 1965

11. BIRTHPLACE (Stote or foreign country) Female White 10o. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT INDUSTRY COUNTRYSA SILVER SPRING. MARYLAND 24 pages 1 none d 'pending'' in pencil in Chief Medical Examiner's pencil 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME be executed within MARMA MORIN RONALD D. ADKINS pup fS. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address permit. (Yes, no or unknown) (If yes give wor or dates of service) remayal NA Ronald D. Adkins. same as #2 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).) INTERVAL BETWEEN ONSED AND DEATH PART I. DEATH WAS CAUSED BY Bronchopneumonia Б IMMEDIATE CAUSE (o) certificate should writing the ward burial, crematian, DUE TO Conditions, if ony, which gove (b) rise to immediate couse (a). DUF TO 0 stoting the underlying couse SD lost. nsed PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 19. WAS AUTOPS) CERTIFICATION PERFORMED? the certificate. YES X NO its designated agent, priar to pe 20o. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) 3 should PRIMARY Or CONTRIBUTING STEAL EXAMINER: CAUSE OF DEATH. MEDICAL 20d INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) 20c. TIME OF INJURY Month, Doy, Year 20f. (County) (Stote) Hour o.m foctory, street, office bldg., etc.) Not While may be retained rar your FUNERAL DIRECTOR: Page ot work ot work 21. I certify that I took charge of the remains described above, held an Autopsy XII. Inquiry X Inspection X. and in my opinion deoth resulted from: Notural couses Undetermined monner Accident Surcide Homicide CHIE MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE TO DEPUTY DEPUTY MEDICAL EXAMINER 0 **EXAMINER'S** 5-13-66 John Kehoe, M.D. Riverdale, Md. Health NAME (Type) Address (Street, city, town, or county) 23c. NAME OF CEMETERY OR CREMATORY 23o. BURIAL, CREMATION 23b DATE THEREOF 23d. LOCATION (City or Town) (County) (Stote) 0 REMOVAL (Specify) Arlington, Virginaa Burial 17, 1966 Arlington National 2So. REC'D BY REGISTRAR 25h. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR ucaye By Wade, 550 Wash. Blvd., Laurel, Maryland MAY VR A15ME (5) Harold S.





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100	U7296 MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND Items #8&9Film#G3775/2/66 CERTIFICATE OF DEATH
e funera 1 and 2 ter death	1. PLACE OF DEATH a. COUNTY Prince Georges MARYIAND 1. PLACE OF DEATH a. STATE ARYLAND A. STATE ARYLAND D. COUNTY A. STATE ARYL
in by th s. Pages hours aff	b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) Cheverly c. LENGTH OF STAY IN 1b c. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) Cheverly Cedar Heightsit
ly filled n papers ithin 72	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) Prince Georges General Hospital 3. NAME OF First Middle Last 1.4 DATE Month Day Year
complete ve carbo event, w	DECEASED (Type or print) John F. Allen SSEX G. COLOR OR RACE 7, MARRIED NEVER MARRIED 8. DATE OF BIRTH DEATH May 11 6566 S. SEX G. COLOR OR RACE 7, MARRIED NEVER MARRIED 8. DATE OF BIRTH DEATH DEATH May 11 6566
and remo	Male Negro WIDOWED DIVORCED 15 Aug. 1898 Months Days Hours Min. 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. KIND OF BUSINESS OR II. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY?
ska d	13. FATHER'S NAME Town Allen 14. MOTHER'S MAIDEN NAME For the
e attendi permit. ion, or re	15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give war or dates of service) Tohn Plen The Same 25 2D
ned by th Il-transit II, cremat	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO INTERVAL BETWEEN ONSET AND DEATH
to to	Conditions, If any, which gave rise to immediate cause (a), stating the DUE TO On Other According to the Control of the Contr
safe ealt	Underlying cause last.) (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO
s certificached for	PERFORMED? YES NO CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) PERFORMED? YES NO CONTRIBUTING Part I or Part II of Item 18.)
L	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED Hour a.m. While at work 19 at work 21. I certify that (I) (this hospital) attended the deceased from 5/8/66, 19 to 5/11/, 19 66, that (I) (we) last
ECTOR: 3 shoul with the	21. I certify that (I) (this hospital) attended the deceased from 5/8/66, 19 to 5/11/, 19 66, that (I) (we) last saw the deceased alive on 5/11/66 19, and that death occurred at 5,10%, from the causes and on the date stated above 22a. SIGNATURE ATTENDING MED. STAFF 22b. DATE SIGNED
a E	22c. PHYSICIAN'S NAME (Type) B. Bahrami 22d. ADDRESS 3503 Nay Por Rd, LE Wash, 20,00.8.
TO FUN direc	23a. DORIAL CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR GREMATORY 23d. LOCATION (City, town or county) (State)
A15 (4)	124. FUNERAL DIRECTOR 450n 5 ADDRESS 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE DAMAY 16 1966 ACCORDED JULY DE DAMAY 16 1966 ACCORDED D
	TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the idirector, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 should be filed with the State Dept. of Health prior to burial, cremation, or remove, and in any event, within 72 hours after

received annies Cherenty Jagys Cudan Telephoni 10 N EDIN - Latingeof Latener engage contra 8830 John Book Ties seet ... ton Ell 2-12/1/ABJ-El

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112	MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYL	AND
4 787	07297 CERTIFICATE OF DEATH	
hours after death. d in by the funeral rs. Pages, and 2 thours after death.	1. PLACE DF DEATH a. COUNTY 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence as STATE b. COUNTY	before admission)
e e	Pr. George Maryland Pr. George	
by the Pages Aurs after	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give	re nearest town)
nours and in by s. Pag hours	Mt.Rainier 17 yrs. Mt.Rainier	1
t h	and the state of t	DN A FARM?
n 24 y fille pape hin 7	1100 - 0100 000	YES NO X
requires that the death certificate be executed within ding physician. been signed by the attending physician and completely the burial-transit permit. Then please remove carbon late burial, cremation, or removal, and may event, with or to burial, cremation, or removal.	3. NAME DF First Middle Last 4. DATE Month Day DECEASED 0F DF OF DECEASED	Year
mpl car ent,	(Type or print) Buth E. Atkins DEATH May	1966
ove y ev	last birthday) Months Days	Hours Min.
an rem	Female White WIDOWED DIVORCED 6/2/1878 87 yrs. 10a. USUAL OCCUPATION (GIVE kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN	OF WHAT
physician and completely filled in presse remove carbon papers. I all and in any event, within 72 hou	during most of working life, even if retired) INDUSTRY	7
> B -	Housewife - Kentucky U.S.A 13. FATHER'S NAME U.S.A	•
Then Then remova	Evin Daley Mary C. Cottey	
Le L	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address	
ed by the aftending ph transit permit. Then cremation, or removal	(Yes, no, or unkown) (If yes give war or dates of service) Mrs. Mary Humphrey (same address	8 88
00.0		RVAL BETWEEN ET AND DEATH
g physician. en signed by the burial-transit burial, cremati	PART I. DEATH WAS CAUSED BY: Unteriascleratic Heart Visionse	EI AND DEATH
the hospital or attending physician this certificate has been signed thetached for use as the burial-trare Dept, of Health prior to burial, cre	4200 DUE TO	
sig ouri buri	Conditions, if any, which (b)	
200	gave rise to immediate cause (a), stating the DUE TO	
prior	underlying cause last.) (c)	WAS AUTOPSY
alth	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19.	PERFORMED?
ot. of Health	20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part 11 of Item 18.)	S NO
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. YE 20a. ACCIDENT WAS UNDERLYING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury In Part 1 or Part 11 of Item 18.)	
		(State)
	Hour a.m. While Not While factory, street, office bldg., etc.)	
		hat (I) (we) last
the .	saw the deceased alive on April 29 1966, and that death occurred at 55 PM, from the causes and on the dat	e stated above.
E A	22a. SIGNATURE 22b. DATE SIGNATURE	GNED
Hed /	Earl W. Sharff M.D. ATTENDING MED. STAFF DIRECTOR PHYS 5-1-	66
should be fi	22c. PHYSICIAN'S NAME (Type) EARL W. GRAFFR M.D 22d. ADDRESS 271/0 Kirkwood Pl. W. Hyallo	will Mid
D n	7/16/10/10/10/10/10/10/10/10/10/10/10/10/10/	() 10/.
SHO	23a. BURIAL, CREMATION, 23b. DATE THEREOF REMOVAL (Specify) 5 1/4 / 66 Tevington, Cemetery Lexington, Kentuc	cky (State)
	Removal 19/4/06 Lexing con Centered by Property of According to	
	Malley's	udge.
	Funeral Home Inc. Maryland DATMAY 6 1966 funeral	0

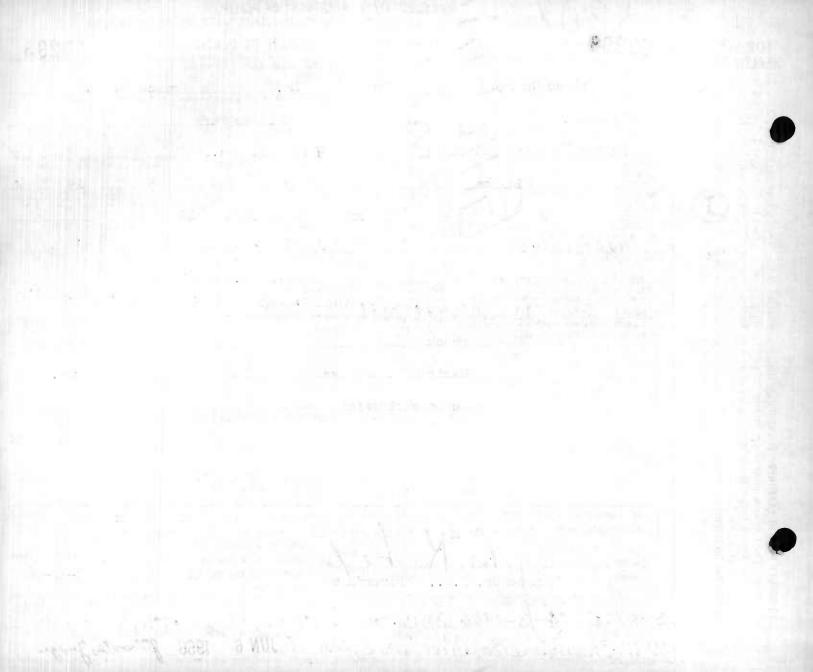
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MARYLAND STATE D	DEPARTMENT OF HEALTH	
DIVISION OF STATISTICAL RESEARCH AND RECORD	DS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND	
07298 CERTIFICA	TE OF DEATH 07292	
1. PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence bafore edm	ission)
a. COUNTY	a. STATE Co. COUNTY D. COUNTY D.	
b. CITY OR TOWN (if outside corporata limits, c. LENGTH OF STAY IN 1b	c, CITY OR TOWN (If outside corporeta limits, write RURAL and give nearest town)	
write RURAL and give neerest town)	C. CITT ON TO THE (II builde corporeta minis, write NONAL and give neares fown)	
HYATTS VILLE MO & MO	MT RAINER 16	
d. NAME OF HOSPITAL OR INSTITUTION (it not in hospitet, give street address)	d. STREET ADDRESS RD •. IS RESIDENCE ON A F	ARM?
CARROLL MANOR 4922 LA SALLERO		-
3. NAME OF Francis Middle	Last 4. DATE Month Dey Yeer	
(Type or print) FRATORS A. B.	PILEV DEATH MAY 9 196	1
	B. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24	
^ -		Min.
10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTR	RY 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COL	INITDY2
done during most of working life, even it retired)	2 / 02	ANIKI:
BURCK SMITH -	14. MOTHER'S MAIDEN NAME,	
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
LOUIS BAILEY	JULIA HAMILTON	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17.	INFORMANT Address	
(Yas, no or unkown) (Ifyesgivewerordetesofservice)	Sa Magdaline 4922 LA SALLE	RD
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), end (c).)	I INTERVAL BETWI	EEN
PART I. DEATH WAS CAUSED BY:	ONSET AND DE	TH
IMMEDIATE CAUSE (a) Colony (wonder and thouse	
4201 DUE TO	- 11. 4 1	
Conditions, if any, which \ (b) Williamseler	My Want disease years	
geve rise to immediate ceuse		
(a), stating the underlying couse last.		
10/	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUT	OPSY
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO 20e. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	PERFORM	AED?
5	YES NO	, A
20e. ACCIDENT WAS UNDERLYING [] 20b. DESCRIBE HOW INJURY OCCURED OR CONTRIBUTING [] CAUSE OF DEATH	D. (Enter neture of injury in Pert I or Part II of itam 18.)	
		ete)
Hour a.m. While Not While at work at work	ctory, street, office bldg., etc.)	
	May 3 1966, to May 9 1964, that (1) (m	-A I
21. I certify that (I) (this hospital) attended the deceased from.		
saw the deceased alive on Macay 1946 and that		
22e. SIGNATURE	ATTENDING , MED. STAFF	SIGNED
(Julin []) reman &	M.D. PHYS. DIRECTOR PHYS.	Y
220 PHYSICIAN'S	22d. ADDRESS	
NAME (Typa)	1034 PERRY ST. N.E., WAIN. DC. 20017	
23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY	OR CREMATORY 23d. LOCATION (City, town or county) (State	9)
REMOVAL (Specify)	Comotone Mode D. C.	
ADDRESS ADDRES	Come tery Wash D.C.	
Marrey's Mo.us	ainier, MAY 16 1966 Icharles Judge.	
Funeral Home Incl Maryland	DYALLI TO 1900	

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 07299 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STAN HEALTH DEPT. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) o. COUNTY deloy is and 3 ta g. STATE h COLINTY PM3. Poge 0 Prince George MARYLAND Prince George Department b. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b. c. CITY OR TOWN (If autside carparate limits, write RURAL and give negrest town) offer Riverdale DOA College Park d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? hours Office alang with form YES NO S Item 18. Give Poges emorial Hospital 51st Ave. 24 hours ofter deoth. 3. NAME OF First Middle Last 4. DATE Manth Day Year DECEASED (Type or print) William Bailev DEATH 5. SEX 6. COLOR OR RACE B DATE OF BIRTH AGE (In years IF UNDER 1 YEAR 7. MARRIED NEVER MARRIED IF LINDER last birthday) Manths Days Haurs DIVORCED WIDOWED March 1918 1.8 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (State or fareign country) 12. CITIZEN OF WHAT during mast of working life, even if retired) INDUSTRY COUNTRY in any TRUCK DRIVER

13. FATHER'S NAME _= d "pending" in pencil in Chief Medical Exominer's CAROLINA pencil be executed within puc LINTHIGOM HEAS, MD 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 17 INFORMANT permit. removol (Yes, no, or unknown) (If yes give war ar dates of service) MR. LECHARD 244058144 WW 1B. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART 1. DEATH WAS CAUSED BY: INTERVAL BETWEEN buriol-transit ONSET AND DEATH 0 Shock IMMEDIATE CAUSE (a). certificate should writing the word cremation, DUE TO Canditions, if any, which gave Gastric hemorrhage Hrs rise ta immediate cause (a). DUE TO stating the underlying couse 0 0.5 burial, Acute castritis PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 19. WAS AUTOPSY CERTIFICATION PERFORMED? certificote. YES NO 0 20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 1B.) 3 should ogent, prior PRIMARY | or CONTRIBUTING | should CALISE OF DEATH MEDICAL 20c. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, (City or town) (County) (Stote) Haur am moy be refained for your FUNERAL DIRECTOR: Poge Not While factory, street, office bldg., etc.) at wark at wark designoted 21. I certify that I took charge of the remains described above, held on Autopsy Inspection x Inquiry 7 ond in my opinion the funeral director. Natural causes Accident death resulted from: Suicide Homicide Undetermined monner CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE O DEPUTY 5-30-66 DEPUTY MEDICAL EXAMINER TX **EXAMINER'S** Kehoe, M.D. Riverdale John Health NAME (Type Address (Street, city, tawn, or county) 23c. NAME OF CEMETERY OR CREMATORY 23o. BURIAL CREMATION. DATE THEREOF 23d. LOCATION (City or Town) (County) (Stote) 0 NATIONA RLINGTON 24. FUNERAL DIRECTOR 25g_REC'D BY REGISTRAR Charles VR A15ME (5) UTIVERDALE 1966 6M 1/66



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leat	funeral and 2 death	1.	PLACE DF DEATH a. COUNTY				CE (Where deceased			
P.	e fu		Prince George	1s	MARYLAND	e. STATE Maryla	nd	b. COUNTY	ce Geor	ge 's
24 hours after death	= a = C)		b. CITY OR TOWN (if outside write RURAL and give nea	corporate limits,	c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (II				
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윤	led i pers. 72 h			STITUTION (if not In I	hospital, give street address)	d. STREET ADDRESS				e. IS RESIDENCE ON A FARM?
	1 Pag = 7/6		Prince George	's General	Hospital	7616 A	rbroath	Drive_		YES NO
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ute	ove v ev		SEX 6. COLOR O	7. WOUNTER	I HEVER MARKIES	B. DATE OF BIRTH	9. AGE		UNDER 1 YEAR	Hours Mir
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he	+ G		18. CAUSE DF DEATH Enter		line for (a), (b), and (c).]				INTI	ERVAL BETWEEN SET AND DEATH
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G PHYSICIAN: The law requires that the death certificate	= t-5	CERTIFICATION	20a. ACCIDENT WAS UNDERLOR CONTRIBUTING CAUSE (IF EITHER, NOTIFY MEDICAL	OF DEATH	DESCRIBE HOW INJURY OCCU	KKED. (Eliter nature o	mjuly m reit i	or rest ii or it	.011 10./	
YSI	the ho this detach detach Dept		20c. TIME OF INJURY Mont		INJURY OCCURRED 20e. PLA	CE OF INJURY (Home, fa	arm, 20f. (City	or town)	(County)	(State)
Z :	t the state of the	MEDICAL	Hour a.m.	While	facto	ry, street, office bldg., e	tc.)	or town,	(County)	(State)
-	ta pe te	ME	p.m.	19 at wo	rk at work		60 11		66	
ATTENDIN	R: A ould the the		and the second s	1-1/1 -	ded the deceased from		966 , to M		19_00, t	hatXIK (we) la
FA	CTO Sh /ith		saw the deceased alive	on May 7	19 00 , and that	death occurred al.			a on the dat 2b. DATE SI	
8.	ed v			1111111	770 M.D	ATTENDING D	MED. PM DIRECTOR S	Contract to the second	5/10/66	
Z Z	pag fill		22c. PHYSICIAN'S	1100	IVI.L	22d. ADDRESS	DIRECTOR P	nis. XXX		
SPIT	d b		NAME (Type)	radj Mahda	vi, M.D.	6821 Riv	erdale Ro	d. Rive	rdale.	Md.
TO HOSPITAL OR ATTENDI	Page 4 may be retained DEUNERAL DIRECTOR: Af director, page 3 should I should be filed with the S	23a	BURIAL, CREMATION, 23b.	DATE THEREOF	23c. NAME OF CEMETERY	OR CREMATORY	23d. LOCATI	ON (City, town		(State)
5	2 2 48	C	BURIAL, CREMATION, 23b. REMOVAL (Specify)	ay 14, 196	Prince George			verly		laryland
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	1. M)	MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MA	ARYLAND
j.	E24.		CRITIFICATE OF DEATH	7295
hours after death	funeral and 2 r death.	1.	PLACE OF OEATH a. COUNTY 2. USUAL RESIDENCE (Where deceased lived, If Institution: Res	sidence before admission
ter	y the figes 1 after		Prince George's Maryland Prince G	
af	by the Page		b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b c. CITY OR TOWN (if outside corporate limits, write RURAL a	ind give nearest town)
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24	filled papers.	/		ON A FARM?
hin	letely fill rbon pap.	3.	Prince George's General Hospital 4108 Kennedy Street NAME DF First Middle Last 4, DATE Month	YES NO X
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Cer		1	Charles E. Stevens 5. WAS OECEASEO EVER IN U.S. ARMEO FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT 404 S. Color (15 yes give war or dates of service)	A
eath	atte ermi		(es, no, or unkown) (If yes give war or dates of service) 404 S. Color no 238 03 8899 Clara B. Copeland Ahoskie, N.	
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uire	g ph en si bur o bur		gave rise to immediate (b)	
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The law requires that the death certificate be executed within	m (1) -	TION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)	19. WAS AUTOPSY PERFORMED?
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PHYSICIAN:	ospital or a certificate hed for use t. of Health	CERTIFICATION	20a. ACCIOENT WAS UNDERLYING 2Db. OESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) OR CONTRIBUTING CAUSE OF OEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	
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OR ATTENDIN	r be retaine DIRECTOR: ige 3 shoul led with th		saw the deceased alive on 5-5 / 1966, and that death occurred at 6:50M, from the causes and on the	e date stated above
A A	DIREC DIREC Se 3 se 3 ed wi		ATTENDING & MED. STAFF	TE SIGNEO
	E ag		22c. PHYSIGIAN'S 1 22d. AOORESS	66
SPIT	FUNERAL I FUNERAL I irector, par hould be fil		NAME (Type) Aaron Deitz, M.D. Prince George's Plaza, Hyatts	ville, Md.
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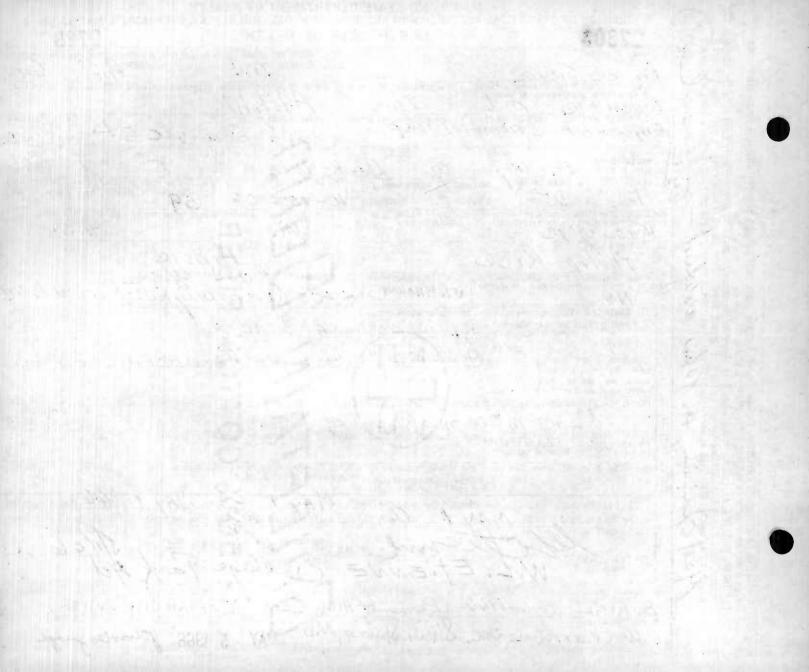
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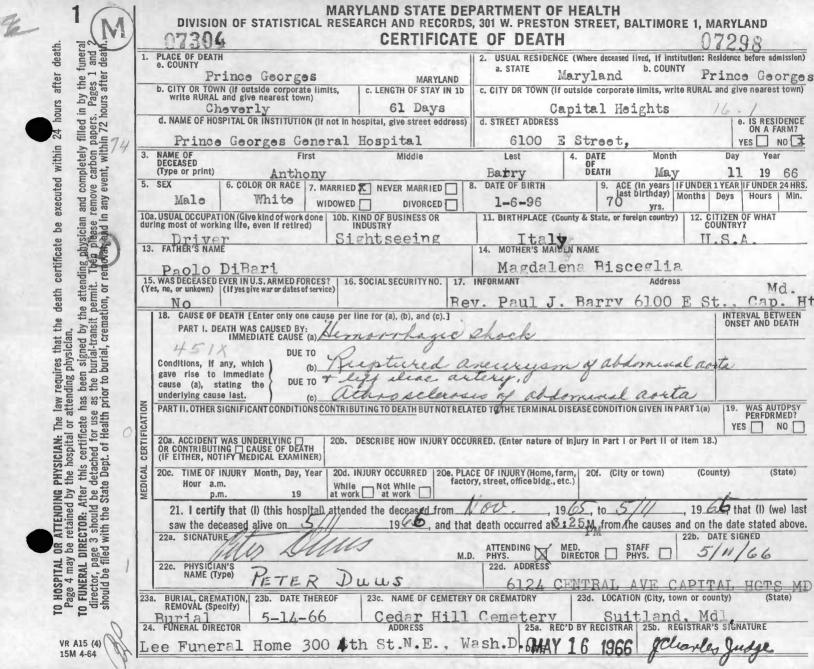
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arrer	death. Page 4 m. retained by the hospital or attending physician.	> TO FUNERAL DIR TOR: After this certificate has been signed by the attending physician and completely file.	plno	be filed with the State Dept. of Health prior to burial, cremation, or removal, and many event, within 72 hours after death.	I
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	PLACE OF DEA	TH		2. USUAL RESIDEN	ICE (Where deceased		Residence before edmissio
	_	rince George	MARYLAND	Maryland		Prince G	eorge
	b. CITY OR TOWN	(if outside corporete limit nd give nearest town)			(If outside corporate li		
4	Cheverly			Coll	lege Park		16-1
	d. NAME OF HOS	PITAL OR INSTITUTION (H	not in hospital, give street eddress)	d. STREET ADDRESS		m129	e. IS RESIDENCE
	Prince (George Gene	ral Hospital	9603 48th	Ave.		YES NO
	NAME OF	First	Middle	Last	4. DATE	Month	Day Year
	(Type or print)	Maude	E.	Barb	OF DEATH	Mav	2. 19 66
	SEX			B. DATE OF BIRTH		(In years IF UNDER	
1	Female	White		May 5, 1901		irthday) Months	Deys Hours Min.
0e	. USUAL OCCUP.	ATION (Give kind of work	10b, KIND OF BUSINESS OR INDUST	RY 11. BIRTHPLACE (Cour	nty & State, or foreign	country) 12. CI	TIZEN OF WHAT COUNTE
0	one during most of	working life, even if retired e wife	Own Home			The second second	CA
3.	FATHER'S NAME	e wiie	Own nome	Marylan		U	.S. A.
-	Coomac S	. Parker		Lucy E.	Smith		
5.	WAS DECEASED	EVER IN U.S. ARMED FOR	CES? 16. SOCIAL SECURITY NO. 17.			Address	
Υ«	no, or unkown)	(If yas give war or dates of se	rvice	arren M. Ba	2101	Apple Tr	ee Lane
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							INTERVAL BETWEEN
	PART I. DE			ati an			ONSET AND DEATH
١	PART I. DE	ATH WAS CAUSED BY: IMMEDIATE CAUSE (e)	Myocardial infar	ction		. 0	MATERAWE DELAKERIA
	PART 1. DE.	ATH WAS CAUSED BY:		ction			ONSET AND DEATH
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erace and the state of the stat House wile Can One Maryland U.S. E. Lucy E. Smith 211 16 5566 Warron M. Baro Silver Sprant, Mc. 1 y certial martical r. r. r. r. r. r. r. r. 1971 (S. 78) | 1971 | 1972 | 1973 | 1973 | 1975 | 1975 | 1975 | 1975 | 1975 | 1975 | 1975 | 1975 | 1975 | 1975 | 1975 | 1975 | 1975 | 1975 | 1975 | 1975 | 1975 | 1975 | 1975 | 1975 | 1975 | 1975 | 1975 | 1975 | 1975 | 1975 | 1975 | 1975 | 1975 | 1975 | 1975 | 1975 | 1975 | 1975 | 1975 | 1975 | 1975 | 1975 | 1975 | 1975 | 1975 | 1975 | 1975 | 1975 | 1975 | 1975 | 1975 | 1975 | 1975 | 1975 | 1975 | 1975 | 1975 | 1975 | 1975 | 1975 | 1975 | 1975 | 1975 | 1975 | 1975 | 1975 | 1975 | 1975 | 1975 | 1975 | 1975 | 1975 | 1975 | 1975 | 1975 | 1975 | 1975 | 1975 | 1975 | 1975 | 1975 | 1975 | 1975 | 1975 | 1975 | 1975 | 1975 | 1975 | 1975 | 1975 | 1975 | 1975 | 1975 | 1975 | 1975 | 1975 | 1975 | 1975 | 1975 | 1975 | 1975 | 1975 | 1975 | 1975 | 1975 | 1975 | 1975 | 1975 | 1975 | 1975 | 1975 | 1975 | 1975 | 1975 | 1975 | 1975 | 1975 | 1975 | 1975 | 1975 | 1975 | 1975 | 1975 | 1975 | 1975 | 1975 | 1975 | 1975 | 1975 | 1975 | 1975 | 1975 | 1975 | 1975 | 1975 | 1975 | 1975 | 1975 | 1975 | 1975 | 1975 | 1975 | 1975 | 1975 | 1975 | 1975 | 1975 | 1975 | 1975 | 1975 | 1975 | 1975 | 1975 | 1975 | 1975 | 1975 | 1975 | 1975 | 1975 | 1975 | 1975 | 1975 | 1975 | 1975 | 1975 | 1975 | 1975 | 1975 | 1975 | 1975 | 1975 | 1975 | 1975 | 1975 | 1975 | 1975 | 1975 | 1975 | 1975 | 1975 | 1975 | 1975 | 1975 | 1975 | 1975 | 1975 | 1975 | 1975 | 1975 | 1975 | 1975 | 1975 | 1975 | 1975 | 1975 | 1975 | 1975 | 1975 | 1975 | 1975 | 1975 | 1975 | 1975 | 1975 | 1975 | 1975 | 1975 | 1975 | 1975 | 1975 | 1975 | 1975 | 1975 | 1975 | 1975 | 1975 | 1975 | 1975 | 1975 | 1975 | 1975 | 1975 | 1975 | 1975 | 1975 | 1975 | 1975 | 1975 | 1975 | 1975 | 1975 | 1975 | 1975 | 1975 | 1975 | 1975 | 1975 | 1975 | 1975 | 1975 | 1975 | 1975 | 1975 | 1975 | 1975 | 1975 | 1975 | 1975 | 1975 | 1975 | 1975 | 1975 | 1975 | 1975 | 1975 | 1975 | 1975 | 1975 | 1975 | 1975 | 1975 | 1975 | 1975 | 1975 | 1975 | 1975 | 1975 | 1975 | 1975 | 1975 | 1975 | 1975 | 1975 | 1975 | 1975 | 1975 | 1975 | 1975 | 1975 | 1975 | 1975 | 1975 | 1975 | 1975 | 1975 | 1975 | 1975 | 1975 | 1975 | 1975 | 1 Burial State - St. Longte Council Delicovine, Letter Council C Transfer Casen's Sons Instruction Md. 5 1965 / July 1 - Taly-

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 20 hours after death funer and death PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution; Residence before admission) an COUNTY b. COUNTY rince MARYLAND es b. CITY OR TOWN (if outside corporate limits. c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) in by S. Page hours write RURAL and give nearest town) 1. UCKNA filled d. NAME DF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE 72 ON A FARM? Ebgene Lean & Memorial = ND X YES with completely 0 carbon 3. NAME OF Middle DATE Month Day DECEASED OF event, (Type or print) DEATH 19 SEX and cor 6. COLOR OR RACE DATE OF BIRTH AGE (In years | IFUNDER 1 YEAR | IF UNDER 24 HRS. 7. MARRIED NEVER MARRIED Months | Days Hours any WIDOWED DIVORCED attending physician a ermit. Then please re on or removal, and in 1Da. USUAL OCCUPATION (Give kind of work done | 1Db. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN DF WHAT The law requires that the death certificate be during most of working life, even if retired) INDUSTRY HOUSO (1)1 13. FATHER'S NAM 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U.S. ARMED FORCES? it permit. 16. SOCIAL SECURITYNO. INFORMANT 17. (Yes, no, or unkown) (If yes give war or dates of service) KNOWN 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH n signed by t burial-transit burial, crema PART I. DEATH WAS CAUSED BY: **) HOSPITAL OR ATTENDING PHYSICIAN:** The law requires that ti Page 4 may be retained by the hospital or attending physician. DN FUMENIA DAVIS IMMEDIATE CAUSE (a) DUE TO been sig the buri Conditions, If any, which gave rise to Immediate the day DUE TO cause (a), stating the certificate has be thed for use as the ot. of Health prior t underlying cause last. (c) PART II. DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES X NO F 2Da. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury in Part I or Part II of Item 18.) t. of DR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) this ce etacher Dept. MEDICAL 2Dc. TIME DF INJURY Month, Day, Year 2Dd. INJURY OCCURRED | 200. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) det Hour a.m. factory, street, office bldg., etc.) Not While 19 at work at work p.m. TO FUNERAL DIRECTOR: A director, page 3 should should be filed with the should be shou 21. I certify that (i) (this hospital) attended the deceased from and that death occurred at M. from the causes and on the date stated above. saw the deceased alive on 22a. SIGNATURE ATTENDING PHYS. DIRECTOR PHYS. 22¢. PHYSICIAN'S ADDRESS NAME (Type) BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) REMOVAL (Specify) OPIAH BURIA REGISTRAR'S SIGNATURE FUNERAL DIRECTOR 25a. REC'D BY REGISTRAR 25b. DATEA 1966 VR AI5 (4) 2DM 1/65





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FOR STATE	0000	L EXAMINER'S CERTIFICATE	OF DEATH	07299				
HEALTH DEPT	PLACE OF DEATH o. COUNTY	2. USUAL RESIDENCE 0. STATE	(Where deceosed lived, if institution: Re b. COUNTY	sidence before odmission)				
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PM3. Partment	write RURAL and give neorest town)			d give heorest town)				
2, an PM3 PM3 spartm after	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospitol, give st	DOA Hyattsv	TITE	e. IS RESIDENCE				
urs after death. If any delay p 18. Give Pages 1, 2, and 3 ice along with farm PM3. Pad2 with the State Department and within 72 haurs after deap	Leland Memorial Hospita		Tulane Drive	e. IS RESIDENCE ON A FARM? YES NO TO				
after death. 3. Give Page along with froit with the State within 72 ha	NAME OF First	Middle Lost	4. DATE Month	Doy Year				
ive Figure 19 will be the the tim 7	(Type or print) Harold	Louis Bayer	OF DEATH 5	21 19 66				
after d 8. Give along w with the	SEX 6. COLOR OR RACE 7. MARRIED	NEVER MARRIED B. DATE OF BIRTH	last birthday) Mon-	NDER 1 YEAR IF UNDER 24 HRS. ths Doys Hours Min.				
and 2 event	M WIDOWED 10. USUAL OCCUPATION (Give kind of work done 10b. KIND OF		1902 63 Yrs.	2. CITIZEN OF WHAT				
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hin 24 ncj m nin rs pages 1 in any	3. FATHER'S NAME	14. MOTHER'S MAIDEN						
within n pencil Examin	Louis Bayer	Helen Har	mon					
be executed within "pending" in penci' lief Medical Examin nsit permit. File pag ar remaval, and in c	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no, or unknown) Iff yes give wor or dotes of service) 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unknown) Iff yes give wor or dotes of service) 11-3-42 to 2-24-46 082-09-2871 Hazel Bayer 3424 Tulane Dr., Hyattsville							
executed ending" i f Medical it permit.			r 3424 Tulane Dr					
uld be executed urd "pending" in Chief Medical E -transit permit. F n, ar remaval, a	18. CAUSE OF DEATH (Enter only one couse per line for (o), (b PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	Heart failure		INTERVAL BETWEEN ONSEL AND DEATH Minutes				
- t cdd	4200 DUE TO	near o ration o		TILLIGOOD				
shauld be e ne ward "per a the Chief I burial-transit matian, ar re	Conditions, if ony, which gove (b)	Arteriosclerotic b	eart disease	over 1 yr				
Te a te	stoting the underlying couse DUE TO							
rtifica riting /ardee ed as ed as	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEA	TH RUT NOT RELATED TO THE TERMINAL DISEASE (NULTION GIVEN IN PART 1(a)	I 19 WAS AUTOPSY				
	Hemiparesis from cereb	The state of the s		19. WAS AUTOPSY PERFORMED? YES NO St				
MINER: This the certificate, 4 shauld be far files. 3 Shauld be us 3 shauld be us 5 shauld be us 6 shauld be us		HOW INJURY OCCURRED. (Enter noture of injury in						
certi certi auld auld es. haul	CAUSE OF DEATH.							
EXAMINER: cute the certi age 4 shaulc r yaur files. Page 3 shau ed agent, pri	20c. TIME OF INJURY Month, Doy, Yeor Hour o.m. 20d. INJURY While	OCCURRED 20e. PLACE OF INJURY (Home, for foctory, street, office bldg., etc		(County) (Stote)				
At Exa	p.m. 19 of work 21. I certify that I took charge af the remains	described above held on Autonov	Inspection X, Inquiry	and in man estates				
exectors. Par. Par. Par. Par. Par. Par. Par. Par	0 =	Accident 7. Suicide . Homicide						
MEDIA please directo retained DIREC	// //	CHIEF MEDICA						
plea al direction of the plea	ACTUAL SIGNATURE	M.D.	DICAL EXAMINER	22. DATE SIGNED				
TO DEPUTY MEDICAL EXAMINER: This necessary, please execute the certificate, the funeral directar. Page 4 shauld be for 5 may be retained far yaur files. TO FUNERAL DIRECTOR: Page 3 shauld be Health ar its designated agent, priar ta	John Kehoe,	M.D., Riverdale Address (Street	CAL EXAMINER () at, city, town, or county)	5-21-66				
TO D nece the 5 m 6 FU Heal	IO. BURIAL, CREMATION, 23b. DATE THEREOF 23c	NAME OF CEMETERY OR CREMATORY	23d. LOCATION (City or Town)	(County) (Stote)				
	Bremoval (Specify) (5-25-1966 A)	ADDRESS 1 VATIONAL 250. REC	ARLINGTON, VII	RGINIA R'S SIGNATURE				
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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 07306 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE/ ALTH DEPT. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) o. COUNTY o. STATE delay is and 3 to M3. Page g f death. Prince George's Maryland Prince George's
c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) MARYLAND b. CITY OR TOWN (If autside carporote limits, c. LENGTH OF STAY IN 1b and write RURAL and give nearest town) Cheverly DOA North Forestville d. NAME OF HOSPITAL OR INSTITUTION (II not in hospital, give street oddress) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? haurs in Item 18. Give Pages Prince George General Hospital 3434 79th, Ave. YES -NO X haurs after death. 3. NAME OF Last 4. DATE Month DECEASED within (Type or print) James Bavne DEATH with Office alan 6. COLOR OR RACE 7. MARRIED B. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR NEVER MARRIED last birthday) Months WIDOWED DIVORCED event Male White 9 Aug. 1905 BIRTHPLACE (State or foreign country) 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY Employed 1
Department Store 12. CITIZEN OF WHAT during most of working life even il retired)
Parts Buser U.S. A. Scotland any 13. FATHER'S NAME pencil 14. MOTHER'S MAIDEN NAME be executed within Unknown Unknown and 15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes no, or unknown) (If yes give wor or dotes of service) 16. SOCIAL SECURITY NO. 17. INFORMANT Address ansit permit. ar remaval, Helena J. Bayne-Same as Item #2. INTERVAL BETWEEN 1B. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE (AUSE (o) Heart failure e, writing the ward farwarded ta the Ch certificate should crematian, Conditions, if ony, which gove (b) Arteriosclerotic heart disease unknown rise to immediate couse (a). stoting the underlying couse used as burial, c 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) please execute the certificate NO 20o. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 1B.) PRIMARY Or CONTRIBUTING CAUSE OF DEATH. 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, lorm, (City or town) 20c. TIME OF INJURY Month, Doy, Year (County) (Stote) Hour om Not While foctory, street, office bldg., etc.) of work 21. I certify that I took charge of the remains described above, held an Autopsy Inspection X. Inquiry X, and in my opinion the funeral directar. deoth resulted from: Natural causes x Acciden Suicide . Homicide Undetermined monner CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE ro DEPUTY DEPUTY MEDICAL EXAMINER **EXAMINER'S** 5 may 10 FUNE John/Kehoe, M.D. Riverdale. Md. 5-6-66 Address (Street, city, town, or county) NAME (Type) 23d. LOCATION (City or Town) 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23o. BURIAL, CREMATION. (Stote) (County) Burial Specify) 5/9/66 St.Peter's Cath.Com. Waldorf 1966 Klientes J 24. FUNERAL DIRECTOR VR A15ME (5) Ritchie Bros. Upper Marlboro, Md.

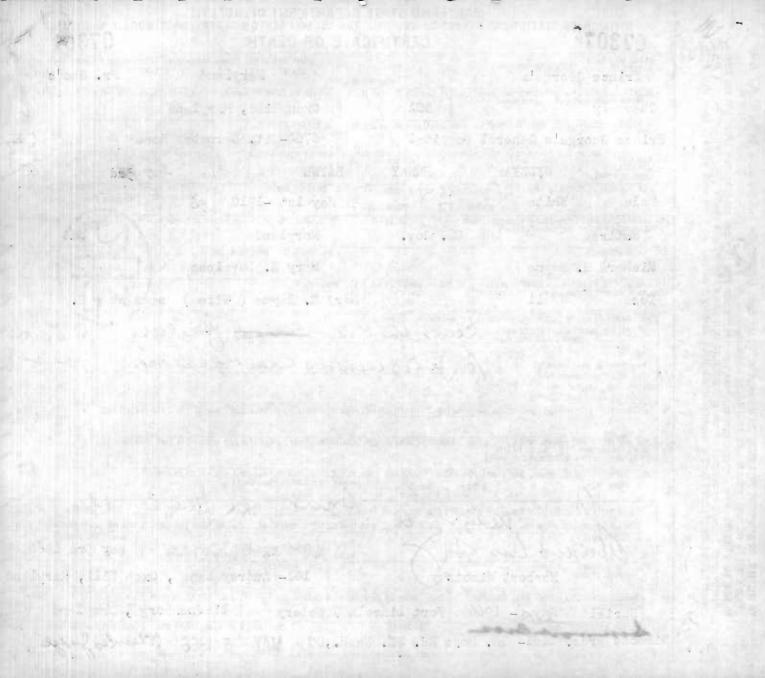
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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH PLACE DF DEATH 2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) a. COUNTY b. COUNTY Pr. Geo's Mervland Prince George's MARYLAND b. CITY OR TOWN (if outside corporate limits. c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL end give nearest town) write RURAL and give nearest town) Cheverly Oxon Hill. Maryland DOA 110-1 d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM2 Prince George's General Hospital 6704- St. Barnabas Road NOT YES 3. NAME DE Month DECEASED DF DEATH WILLIAM BAYNE 19 66 HENRY (Type or print) 6. COLOR OR RACE | 7. MARRIED NEVER MARRIED AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS | Jast birthday) | Months | Days | Hours | Min. 5. SEX 8. DATE OF BIRTH Male White May 1st -1910 WIDOWED DIVORCED 10a. USUAL OCCUPATION (Give kind of work done | 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY during most of working life, even if retired) INDUSTRY Maryland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Richard H. Bayne Mary E. Loveless 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFDRMANT Address (Yes, no, or unkown) (If yes give war or dates of service) Mary E. Bayne (same as 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Selevosic Cent de jears DUE TO Conditions, If any, which gave rise to immediate **DUE TO** cause (a), stating the underlying cause last. WAS AUTOPSY PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION CIVEN IN PART 1(a) PERFORMED? YES T NO F 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Pert I or Part II of Item 18.) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) factory, street, office bldg., etc.) Hour a.m. Not While at work at work 21. I certify that (1) (this hospital) attended the deceased from saw the deceased alive on and that death occurred at M, from the causes and on the date stated above. 22a. SIGNATURE 22b. DATE SIGNED May 3rd 1966 DIRECTOR M.D. 22d. ADDRESS 22c. PHYSICIAN'S Ol- Audrey Lane . Oxon Hill, Maryland NAME (Type) Herbert Wisotsky 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) BURIAL, CREMATION, 23b. DATE THEREOF REMOVAL (Specify) Bladnesburg , Maryland Fort Lincoln Cemetery May 6- 1966 25a. REC'D BY RECISTRAR | 25b. REGISTRAR'S SIGNATURE **ADDRESS** 24. EINERAL DIRECTOR 1661- Gd. Hope Rd. SE. Wash. DC VR A15 (4) 20M 1/65



MARYLAND STATE DEPARTMENT OF HEALTH

20M 1/65

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 07303 CERTIFICATE OF DEATH within 24 hours after deoth funeral s 1 and ter death 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. COUNTY popers. Page. PRINCE GEORGE
LITY OR TOWN (If autside capporate limits,
write BURAL and, give nearest town) MARYLAND Marvland Prince George c. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest tawn) c. LENGTH OF STAY IN 1b Landover = d. STREET ADDRESS e. IS RESIDENCE d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give preet address) ON A FARM? Filled 10000 Central Avenue NOX XXX event, with 3. NAME OF Middle 4. DATE Month carbon Last Year DECEASED (Type or print) Meigs DEATH be executed SEX IF UNDER 1 YEAR IF UNDER 24 HRS 8. DATE OF BIRT AGE (In years COLOR OR RACE 7. MARRIED **NEVER MARRIED** last birthdan Manths Days Hours ony WIDOWED DIVORCED 1873 12. CITIZEN OF WHAT 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, ar fareign country) COUNTRY? during most of working life, even if retired) **INDUSTRY** puo U.S.A Maryland Ret. Farmer
13. FATHER'S NAME Farming 14. MOTHER'S MAIDEN NAME or removol, Mary Dosett Garry W. Berry

15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT Address The law requires that the deoth offendi (Yes, no, or unknown) (If yes give war ar dotes of service Mercedes R. Berry Same as #2 (wife) no cremotion, INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) ONSET AND DEATH signed by the burial-transit PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Page 4 moy be retained by the hospital or ottending physician. DUE TO burial. Canditians, if any, which gave rise ta immediate cause (a), **DUE TO** stating the underlying couse prior to b last. 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) has CERTIFICATION NO F YES this certificote PHYSICIAN: 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part II of item 1B.) 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, (City or town) (Caunty) (State) Haur a.m. factory, street, affice bldg., etc.) Nat While ot work ot work 1965, that (1) (we) las 21. I certify that (I) (this hospital) attended the deceased fram director, page 3 should should be filed with the and that death occurred of 230 M. from causes and on the date stated above TO FUNERAL DIRECTOR: saw the deceased olive an 22b. DATE SIGNED 22a. SIGNATURE STAFF **ATTENDING** 5/13/66 M.D. DIRECTOR PHYS PHYS. 22d. ADDRESS NAME (Type) 23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OF XERMATHIRS 23d. LOCATION (City or Town) (Caunty) (State) REMOVAL (Specify) Leland Md 5/16/66 Barnabas Church P.G 24. FUNERAL DIRECTOR VR A15 (4) DATE

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TO FUNERAL DIRECTOR: After this certificate has been signed by the attending chysician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or temoral, and in any event, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

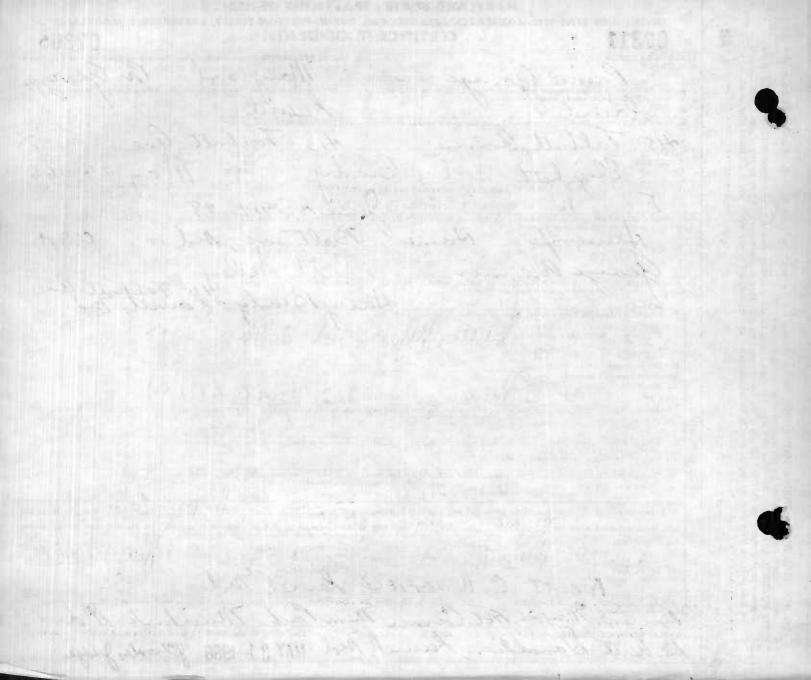
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

11310		CERTIFICATI	C OF DEATI			16304
1. PLACE DF DEATH a. CDUNTY				ICE (Where deceased lived, If Inst	titution: Residence	
	Prince George's	MARYLAND	a. STATE Man	vland b. COUN	Prince	George '
b. CITY OR TOWN	(if outside corporate limits, and give nearest town)	c. LENGTH OF STAY IN 1b		f outside corporate limits, wri		
		0 days	Greenbe		16	,
	verly ITAL DR INSTITUTION (if not in h	9 days	d. STREET ADDRESS			e. IS RESIDENCE
						DN A FARM?
	ce George's Gene		7 A Rid	April 1		YES ND K
3. NAME DF DECEASED (Type or print)	Girlie	Middle S.	Bieligk	4. OATE Month	Day 20	Year 1966
SEX 6	. COLOR OR RACE 7. MARRIED	NEVER MARRIED 8	B. DATE OF BIRTH	9. AGE (In years		IF UNDER 24 HRS
Female	White WIDDWED		3/5/91	Jast birthday)	Months Days	Hours Min.
10a. USUAL OCCUPATIO during most of working	N (Give kind of work done 10h	CIND DF BUSINESS OR NDUSTRY	11. BIRTHPLACE (County & State, or foreign country	12. CITIZEN COUNTRY	DF WHAT
Housewife	e	Own Home		Carolina	U.S.	Α
13. FATHER'S NAME			14. MOTHER'S MAI	DEN NAME		
	Clayton		Sarah Ga	vle		
15. WAS DECEASED EVI	ER IN U.S. ARMED FDRCES? 16. If yes give war or dates of service)	SDCIAL SECURITY ND. 17.	INFDRMANT	Addres	s	
no		8 40 9633 A	bert L. Ri	ce Same as #2	2 (son)	
	ATH [Enter only one cause per		A		INTE	RVAL BETWEEN
PART I. DEAT	H WAS CAUSED BY:	Thromboso	1100	estad Arte	DNS	ET AND DEATH
332X	IMMEDIATE CAUSE (a)	1 100000	5 9 Cas	YOU O THY YOU		3 W 1
Conditions, If an	v which \	Hytens	21/2000		n	100446
gave rise to in	nmediate (no y o crao.	c with the			174
cause (a), stat					1 2 7 2 7	
underlying cause	NIFICANT CONDITIONS CONTRIB	UTING TO DEATH OUT NOT OF	TED TO THE TERMINAL	DISPASE CONDITION OF THE INC	PART 1(a) 19.	WAS AUTOPSY
PART II. DTHER SIG	Dubetil	ON All	TUL	DISEASE COMPLITION GLACK IN I	YE	PERFORMED?
20a. ACCIDENT W	AS UNDERLYING 20b.	DESCRIBE HOW INJURY OCCU	RRED. (Enter nature o	of Injury In Part I or Part II of	f Item 18.)	
DR CONTRIBUTING	G CAUSE DF DEATH Y MEDICAL EXAMINER)					
		NJURY OCCURRED 120e. PLAC	CE OF INJURY (Home, f	arm. 20f. (City or town)	(County)	(State)
20c. TIME DF IND Hour a.m.	19 While	Not While factor	ry, street, office bldg.,	etc.)	(000)	
21. I certify	that (I) (this hospital) attend	ed the deceased from 5	-11	19/der to 5 -20	. 1966 th	nat (I) (we) last
1 / 1 -			death occurred at	1792M, from the causes	and on the dat	e stated above
22a. SIGNATURE	111111111111111111111111111111111111111				5/20/66	
1/1/	Villenny 1	ALL M.D.	ATTENDING R	MED. STAFF PHYS.	5/20/66	,
22c. PHYSICIAN'	S		22d. ADDRESS			
NAME (Type	William C. Wein	traub, M.D.	Professio	nal Bldg., Gree	enbelt, N	id.
3a. BURIAL, CREMAT	IDN.I 23b. DATE THEREDF	23c. NAME OF CEMETERY	OR CREMATORY	23d. LOCATION (City, to	wn or county)	(State)
BUHIA1 (Speci	^{fy)} 5/23/66	Ft. Lincoln	n	Colmar Man	OF	Md.
24. FUNERAL DIRECT		ADDRESS	(1 25a. RE	C'D BY REGISTRAR 25b. RE	GISTRAR'S SIGN	ATURE
Example C	asch's Sons Hy	rattevilla MA	IVAN		iarles Ja	edge.
r rancis G	asch s Johns HV	alloville, IVIU.	DAVEA	WI IVOU //	-1	

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OF STATISTICAL RESEARCH AND RECORDS. STON STREET, BALTIMORE 1, MARYLAND DEATH funeral 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution, Residence before admission) e. COUNTY . COUNTY MARYLAND b. CITY OR TOWN (it outside corporate lig LENGTH OF STAY IN 16 c. CITY ON TOWN (If/outside corporate limits, write RURAL and give write RURAC and give nearest town d. NAME OF NOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS a. IS RESIDENCE ON A FARM NO YES [NAME OF Middle DECEASED (Type or print) DEATH 6 5. SEX SOLOR OR RACE 7. MARRIED NEVER MARRIED DATE OF 9. AGE (In years | IF UND IF UNDER 24 HRS last birthday) Months Days WIDOWED DIVORCED 10a. USUAL OCCUPATION (Giva kind of work 10b, KIND OF BUSINESS OR INDUSTR Stata, or loreign country) 1 12. CITIZEN OF WHAT COUNTRY? done during most of working life, avan if retired) 13. FATHER'S 15. WAS DEFEASED EVER N U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. (Yes, no or linkown) | (Wyes give war or dates of service 18. CAUSE OF DEATH [Enter only one deuse par line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO Conditions, if eny, which gave rise to immadiate causa DUE TO (e), steling the underlying causa last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY CERTIFICATION PERFORMED? NO prior 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Part I or Pert II of itam 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED | 20a. PLACE OF INJURY (Homa, farm, 20f. (City or town) (County) (Stale) factory, streat, office bldg., atc.) Whila Not While Hour e.m. at work at work p.m. 21. I certify that (I) (this hospital) attended the deceased from....... 19 tol. 1950, and that death occured a 7.6M, from the causes and on the date stated above. saw thendeceased alive on. DATE 220. SIGNATURE ATTENDING 4 LGNED PHYS. PHYS. death. Page 4 M.D. HOSPITAL 22c. PHYSICIAN'S 22d. ADDREAS NAME (Type) 23c. NAME OF CEMETERY OR CREMATORY 23d, LOCATION (City, town or county) DATE THEREOF (Stata) 23a. BURIAL, CREMATION, 是母 24 FUMBRAL DIRECTOR'S SIGN REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE VR A15 (4) 1SM 7/61



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE 07312 HEALTH DEPT PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) delay 1. nd 3 to Poge a. COUNTY o. STATE Marvland Prince George's of Prince George's MARYLAND Department b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) E LENGTH OF STAY IN 16 ofter 43 hours Seat Pleasant Cheverly d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? form hours Prince George General Hospital YES NO IX Give Poges 608 Addison Road 3. NAME OF 4 DATE Lost Month Dov Year within 72 DECEASED (Type or print) Theresa Bratcher 19 66 Marie DEATH S. SEX 9. AGE (In years 6. COLOR OR RACE IF UNDER 1 YEAR IF UNDER 24 HRS. 7. MARRIED NEVER MARRIED 8 DATE OF BIRTH lost birthdoy) Months Dovs Hours WIDOWED DIVORCED 24 hours in Jean N event White O242121960959 Female 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired) INDUSTRY U.S. A. duy Maryland none none pencil i 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME be executed within _ Joyce R. Szabo Charles O. Bratcher puo 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give wor or dotes of service) 17. INFORMANT 16. SOCIAL SECURITY NO Address removal. Charles O. Bratcher Father none no 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).)
PART I. DEATH WAS CAUSED BY: INTERVAL BETWEEN over 43 hrs 0 IMMEDIATE CAUSE (a) Brain stem contusion pluods e, writing the word forwarded to the Ch cremation, DUF TO Conditions, if ony, which gove (b) rise to immediate cause (a), DUF TO certificote stating the underlying cause 0 used os burial, a PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? please execute the certificate. NO IX YES 9 20o. EXTERNAL CAUSE WAS PRIMARY ☆ or CONTRIBUTING □ 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) agent, prior 3 should 4 should CAL EXAMINER: CAUSE OF DEATH Pedestrian struck by car.
d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, MEDICAL 20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20f. (City or town) (County) (Stote) foctory, street, affice bldg., etc.) 5-20- 19 66 of work of work may be retained far your FUNERAL DIRECTOR: Poge 600 block Addison Road, Seat Pleasant, Md. designoted 21. I certify that I took charge of the remains described above, held on Autopsy Inspection x, Inquiry x ond in my opinion deoth resulted from: Suicide Homicide Noturo couses Agcident x Undetermined monner CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE O DEPUTY 0 DEPUTY MEDICAL EXAMINER DC **EXAMINER'S** Heolth John Kehoe, M.D. NAME (Type) Riverdale, Md. Address (Street, city, town, ar county) 23o. BURIAL, CREMATION, 23c. NAME OF CEMETERY OR CREMATORY 23b. DATE THEREOF 23d. LOCATION (City or Town) (Stote) 0 REMOVAL (Specify)
Burial Va. 5/25/66 Arlington National Arlington, 2Sb. REGISTRAR'S SIGNATURE 24 FILNERAL DIREC 2So. REC'D BY REGISTRAR VR A15ME (5) Milane Francis Gasch's Sons Hyattsville, Md. 6M 1/66

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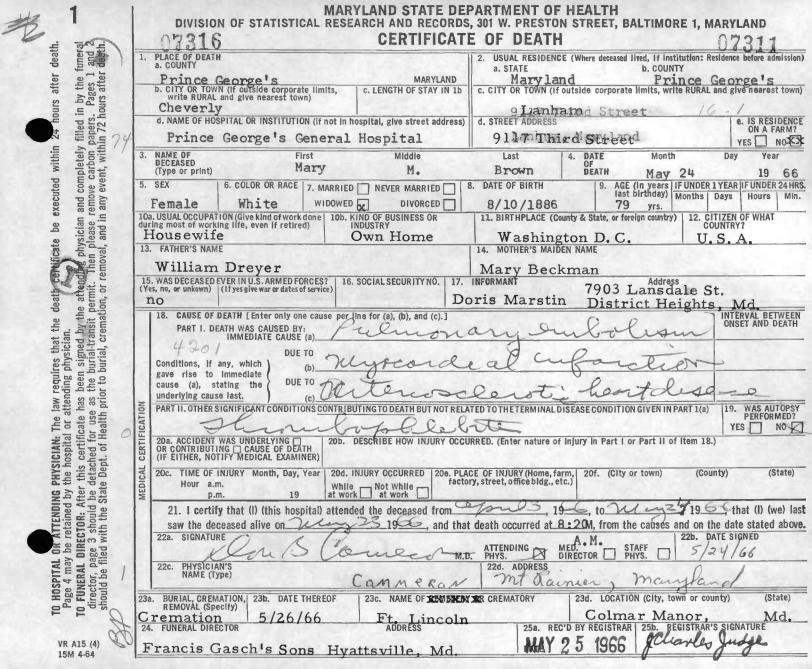
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funer PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) b. COUNTY Prince George's Maryland after hours after Prince George's MARYLAND by the b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. CITY OR TOWN (If outside corporete limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b Cheverly 10 days Bladensburg .⊑ d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) filled d. STREET ADDRESS e. IS RESIDENCE within 72 ON A FARM? Prince George's General Hospital 4112 54th Place YES NO X within completely uoq. NAME OF First Middle Last DATE Month Year DECEASED event, (Type or print) Amv E Breckenridge DEATH May 30 19 66 executed 5. SEX 6. COLOR OR RACE 8. DATE OF BIRTH emove AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS 7. MARRIED NEVER MARRIED last birthday) | Months | Days any White Female WIDOWED | DIVORCED 10-19-95 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT h INDUSTRY COUNTRY? Housewife Washington. D.C. U.S.A. that the death certificate hd n 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME remova Charles B. Smith Annie Merriaman 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address ed by the attenctransit permit. (Yes, no, or unkown) (If yes give war or dates of service) Mr. Maurice L. Breckenridge above address CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN signed by urial-transit ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) The law requires that to or attending physician. the hospital or account the hospital or account this certificate has been signed at this certificate has a the burial-trail or account to burial, or DUE TO Conditions, if any, which (b) gave rise to immediate DUE TO cause (a), stating the underlying cause last. (c) CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY PERFORMED? NO ES YES 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part II of Item 18.) detached for the Dept. of I MEDICAL 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e, PLACE OF INJURY (Home, farm, 20f. (City or town) (State) (County) factory, street, office bldg., etc.) Hour a.m. While After Not While be retained by at work at work TO FUNERAL DIRECTOR: A director, page 3 should should be filed with the the 21. I certify that (M (this hospital) attended the deceased from_ May 20 19 66 to May 30 19 66, that (we) last May SO 19 66 and that death occurred a 2:55 M, from the causes and on the date stated above. saw the deceased alive on DATE SIGNED 22a. SIGNATURE -ATTENDING PHYS. Page 4 may 1 PHYS. M.D. DIRECTOR PHYSICIAN'S director, p 22c. 22d. ADDRESS NAME (Type) Stanley A. Forster 7516 Riverdale Rd. Hyattsville, BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) REMOVAL (Specify) Hill Cemetery Cedar Suitland. Md. 24. FUNERAL DIRECTOR REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE VR A15 (4) Funeral Home Inc. Maryland 15M 4-64

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 07314 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STAN HEALTH DEPT. 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) o. COUNTY o. STATE b. COUNTY PM3. Page p of Prince George's death. MARYLAND Maryland Prince George's b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b. c. CITY OR TOWN (If outside corparate limits, write RURAL and give negrest town) and DOA Cheverly Capitol Heights d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? hours Prince George General Hospital 823 57th. Avenue YES NO DO Give Pages death. 3. NAME OF Middle 4. DATE Month Doy Year within 72 DECEASED James (Type or print) Breedon 19 66 DEATH S SEX AGE (In years IF UNDER 24 HRS. 6. COLOR OR RACE 7. MARRIED 8. DATE OF BIRTH NEVER MARRIED lost birthdoy) Months Days Hours Male White WIDOWED DIVORCED haurs 13 Oct. 1946 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT during post of working life, even if retired) 24 dny pages in any 13. FATHER'S NAME pencil 14. MOTHER'S MAIDEN NAME be executed within pup WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. Address 3/1-6-17. INFORMAN (Yes, no, or unknown) (If yes give wor or dates of service) remaval. 217-44-8205 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).)
PART I. DEATH WAS CAUSED BY: INTERVAL BETWEEN ONSET AND DEATH IMMEDIATE (AUSE (a) Edema of brain crematian, ar This certificate shauld e, writing the ward farwarded to the Ch DUE TO From compression of aqueduct of Sylvius Conditions, if ony, which gove (b) From mucoid cyst of 3rd, ventricle unknown rise to immediate couse (a), DUE TO stoting the underlying couse 0 lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 19. WAS AUTOPSY PERFORMED? the certificate YES X NO to 20o. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.) 3 shauld agent, priar PRIMARY Or CONTRIBUTING CAUSE OF DEATH. 20d INIURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20c. TIME OF INJURY Month, Doy, Year (City or town) (County) (Stote) foctory, street, office bldg., etc.) may be retained far yaur FUNERAL DIRECTOR: Page ot work 21. I certify that I taak charge of the remains described above, held an Autapsy Inspection x Inquiry x and in my apinian Natural couses x death resulted fram: Accident Suicide . Hamicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE TO DEPUTY pe b DEPUTY MEDICAL EXAMINER X Riverdale, Md. EXAMINER'S John Kehoe, M.D. 5-8-66 O FUNE Health Address (Street, city, town, or county) 230. BURIAL CREMATION. 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) REMOVAL (Specify) 5-11-66 24. FUNERAL DIRECTOR REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE VR A15ME 1966 6M 1/66

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MARYLAND STATE DEPARTMENT OF HEALTH IVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral and 2 death. after death. PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) a. COUNTY b. Frince George's Pages 1 a Maryland Prince George's MARYLAND CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b bon papers. Pag within 72 hours hours 2 days 9105 Hobart Street = Cheverly d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) filled e. IS RESIDENCE ON A FARM? d. STREET ADDRESS NO X YES Prince George's General Hospital Landover executed within completely carbon 3. NAME OF Last DATE Month Day Year Middle 4. DECEASED remove carb (Type or print) DEATH 19 66 Brooks 10 May 5. SEX 6. COLOR OR RACE DATE OF BIRTH AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS. 9. 7. MARRIED NEVER MARRIED TO pirthday) Months Days Hours white Female WIDOWED DIVORCED 16 891 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Ξ 10b. KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT 11. BIRTHPLACE (County & State, or foreign country) an pe COUNTRY? and Private Home U.S.A HouseKeeper Vir ginia certificate 13. FATHER'S NAME MOTHER'S MAIDEN NAME remove Mason Brooks attending Mary M. Dickey 15. WAS DECEASED EVER IN U.S. ARMED FORCES? Address and over 16. SOCIAL SECURITY NO. 17. INFORMANT been signed by the attenthe burial-transit permit. (Yes, we or unkown) (If yes give war or dates of service) PHYSICIAN: The law requires that the death the hospital or attending physician. 2-34-9683 Betty Flint 9105 Hobert St INTERVAL BETWEEN 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c). ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, If any, which (b) gave rise to immediate as the prior to DUE TO cause (a), stating r this certificate has be detached for use as the Dept. of Health prior underlying cause last (c) CERTIFICATION WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) for use YES NO 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part 11 of Item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL (State) 20e, PLACE OF INJURY (Home, farm, 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20f. (City or town) (County) factory, street, office bldg., etc.) Hour a.m. TO FUNERAL DIRECTOR: After director, page 3 should be d should be filed with the State While Not While be retained by at work at work 21. I certify that XX (this hospital) attended the deceased from May 9 1966 to May 10 , 1966 , that ((we) last 19 66, and that death occurred a5:10 M, from the causes and on the date stated above. saw the deceased alive on May 10 22b. DATE SIGNED 22a. SIGNATURE ATTENDING STAFF XX DIRECTOR M.D. PHYS. Page 4 may 22d. ADDRESS PHYSICIAN'S NAME (Type) BURIAL, CREMATION, REMOVAL (Specify) NAME OF CEMETERY OR CREMATORY LOCATION (City, town or county) (State) 23b. DATE THEREOF 1966 Arnon Cemeterv Great Falls Va. 25b. REGISTRAR'S SIGNATURE 25a. REC'D BY REGISTRAR FUNERAL DIRECTOR Falls Church Va. VR A15 (4) Funeral Home 15M 4-64



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Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 07317 FOR STATE 07312 HEALTH DEPT. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution; Residence before admission) a. COUNTY ny delay is 2, and 3 ta PM3. Page a. STATE Prince George of Prince George MARYLANO Department b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. CITY OR TOWN (If outside corparote limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 16 after Cheverly DOA Riverdale d. NAME OF HOSPITAL OR INSTITUTION (If nat in haspital, give street address) d. STREET ADDRESS e IS RESIDENCE ON A FARM? olang with form haurs in Item 18. Give Pages Prince George General Hospital 6320 61st pl. NO 3 after death 3. NAME OF First Lost 4. DATE Manth Year DECEASED 21stxx 19 (Type or print) Raymond Brown DEATH 9. AGE (In years lost birthdoy)
42 yrs. IF UNDER 1 YEAR S. SEX 6. COLOR OR RACE 7. MARRIED B. DATE OF BIRTH NEVER MARRIED Months Oavs Hours WIDOWEO DIVORCED 14 June 1923 24 haurs 10a. USUAL OCCUPATION (Give kind of work dane during most of working life, even if retired)

Pipe Fitter 10b, KINO OF BUSINESS OR 11. BIRTHPLACE (State or fareign country) 12. CITIZEN OF WHAT INOUSTRY COUNTRY? in any U. S. A. New York please execute the certificate, writing the ward "pending" in pencil is directar. Page 4 shauld be farwarded ta the Chief Medical Examiner 13. FATHER'S NAME 14. MOTHER'S MAIOEN NAME This certificate should be executed within Robert Brown Lucy Sanseverino and 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address or removal. (Yes, no, or unknown) (If yes give war or dates of service) 577 24 6588 Dorothy G. Brown Same as IB. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) PART I. DEATH WAS CAUSED BY: INTERVAL BETWEEN ONSET AND OFATH Heart failure IMMEDIATE CAUSE (o). used as a burial-tra buriol, cremotian, c DUE TO Conditions, if any, which gave Arteriosclerotic heart disease unknown rise to immediate cause (a), OUE TO stoting the underlying cause 19. WAS AUTOPS) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO OFATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) PERFORMEO? NO 20o. EXTERNAL CAUSE WAS 20b. OESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 1B.) PRIMARY I or CONTRIBUTING I CAUSE OF DEATH. 20d. INJURY OCCURRED 20e, PLACE OF INJURY (Home, form, 20c. TIME OF INJURY Month, Ooy, Year (City ar town) (County) (State) foctory, street, office bldg., etc.) Not While O FUNERAL DIRECTOR: Page at work ot work 21. I certify that I taak charge af the remains described abave, held an Autapsy ____, Inspection _____, Inquiry 😾 and in my apinion Natural sauses Artident death resulted fram: Suicide . Homicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE ar DEPUTY MEDICAL EXAMINER **EXAMINER'S** 5-22-66 Riverdale John Kehoe, M.D., Address (Street, city, town, ar county) NAME (Type) BURIAL, CREMATION 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23b. DATE THEREOF (County) REMOVAL (Specific 5-25-1966 Cedar Hill Cemetery Suitland, Md ADDRESS 131 11th St S.E. Wash, DC 24 FUNERAL DIRECTOR 25a. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE VR A15ME (5) Muarles

MARYLAND STATE DEPARTMENT OF HEALTH

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS. 301 W. PRESTON STREET, BALTIMORE 1. MARYLAND CERTIFICATE OF DEATH funeral and 2 hours after death. death PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) e. COUNTY b. COUNTY Prince Georges by the Pages 1 Prince MARYLAND Georges b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL end give nearest town) Kent Village. Hyattsville P.O. Cheverly DOA .= bon papers. within 72 ho d. NAME DF HDSPITAL DR INSTITUTION (if not in hospital, give street address) e. IS RESIDENCE ON A FARM? filled d. STREET ADDRESS Columbia Georges General Hosp. 2505 Prince YES NO X within etely carbon NAME OF First Middle Last DATE Month Dav Year DECEASED event, BELVA REE comple 4th (Type or print) BR UNSON 19 66 DEATH Mav executed 5. SEX 6. COLDR DR RACE AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS. last birthday) | Months | Days | Hours | Min. 8. DATE OF BIRTH 7. MARRIED NEVER MARRIED remove Months | Days any and Female White Sept. 13 WIDDWED K DIVORCED 10a. USUAL OCCUPATION (Give kind of workdone during most of working life, even if retired) INDUSTRY 12. CITIZEN OF WHAT 11. BIRTHPLACE (County & State, or foreign country) certificate be INDUSTRY COUNTRY? Housewife At home TISA Georgia 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME ending it. Ther Jessie Z. Dasher Virginia Bacon ned by the attend al-transit permit. al, cremation, or r 15. WAS DECEASED EVER IN U.S. ARMED FDRCES? 16. SDCIAL SECURITY ND. 17. INFORMANT Address (Yes, no, or unkown) (If yes give war or dates of service) Hyattsvil le Md No None James W. Columbi None Brunson 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN requires that the DNSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a). signed burial-t burial, DUE TD Conditions, If any, which (b) peen gave rise to immediate the DUE TO cause (a), stating the prior t underlying cause last. 38 PART II. OTHER SIGNIFICANT CONDITIONS CONTRIDUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTDPSY for use Health PERFORMED? certificate CERTIFICAT ND C nanca YES 203. ACCIDENT WAS UNDERLYING DR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) PHYSICIAN: 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part I or Port II of Item 18.) of detached this 20c. TIME OF INJURY Month, Day, Year 20d. INJURY DCCURRED 20e. PLACE DF INJURY (Home, farm, 20f. (City or town) (State) (County) be de State I factory, street, office bldg., etc.) Hour e.m. Not While While at work at work p.m. P 196 21. I certify that (I) (this hospital) attended the deceased from 19 . that (I) (we) last DIRECTOR: age 3 should led with the saw the deceased alive on ____ that death occurred at AM, from the causes and on the date stated above. 22a. SIGNATURE 22b. DATE SIGNED pe filed ATTENDING DIRECTOR PHYS. PHYS. M.D. 22c. LPHYSICIAN'S FUNERAL TO FUNERAL director, p 22d. ADDRESS NAME (Type) Ge'or Hageage St. Cottage BURIAL, CREMATION, 23b. DATE THEREDE NAME OF CEMETERY DR CREMATORY 23d. LOCATION (City, town or county) (State) REMOVAL (Specify) Side Cemetery North Pembroke Buria] Georgia 24. FUNERAL DIRECTOR 25b. REGISTRAR'S SIGNATURE ADDRESS 25a. REC'D BY REGISTRAR W.W.Chambers Company, Riverdale, Md. VR A15 (4) 20M 1/65

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 07314 FOR STATE HEALTH DERT. 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) ny delay is 2, and 3 ta PM3. Page o. COUNTY o. STATE COUNTY af after death. Prince George's MARYLAND Maryland Prince George's b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) (Bellemead) Cheverly DOA Landover Hills d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) e. IS RESIDENCE ON A FARM? d STREET ADDRESS alang with farm haurs in Item 18. Give Pages YES 🗍 NO X Prince George General Hospital 3903 74th. Avenue 24 haurs after death. 3. NAME OF 4. DATE Lost Month Dov Year DECEASED (Type or print) Thomas Burke DEATH 19 66 S. SEX 6. COLOR OR RACE YEAR B. DATE OF BIRTH 9. AGE (In years IF UNDER 24 HRS. 7. MARRIED NEVER MARRIED lost birthdov) Months Doys Hours WIDOWED Office (DIVORCED 2-26-1903 Male White 10b. KIND OF BUSINESS OR 10o. USUAL OCCUPATION (Give kind of work done 12. CITIZEN OF WHAT 11. BIRTHPLACE (State or foreign country) during most of working life, even if retired)

Retired INDUSTRY COUNTRY? U.S. Government ward "pending" in pencil in the Chief Medical Examiner's U.S. A New York pages in an 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAMI This certificate shauld be executed within Paul ine Swattz Thomas Burke 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unknown) (If yes give wor or dotes of service) crematian, ar remaval, 517 03 0168 Lillie Burke Same as #2 (wife) IB. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).)
PART I. DEATH WAS CAUSED BY: INTERVAL BETWEEN ONSET AND DEATH Heart failure IMMEDIATE CAUSE (o). e, writing the ward farwarded ta the Ch DHE TO Conditions, if ony, which gove Arteriosclerotic heart disease over 6 yrs. rise to immediate couse (a), DHE TO stoting the underlying couse used as burial, c 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) NO X YES **IRECTOR:** Page 3 shauld be designated agent, priar ta 20o. EXTERNAL CAUSE WAS 20b, DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item IB.) PRIMARY Or CONTRIBUTING CAUSE OF DEATH. 20c. TIME OF INJURY Month, Doy, Yeor 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) foctory, street, office bldg., etc.) may be retained far yaur FUNERAL DIRECTOR: Page Not While ot work 21. I certify that I took charge of the remains described above, held an Autapsy Inspection X, Inquiry x and in my opinion Matural duses Accident . death resulted fram: Suicide . Hamicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE DEPUTY MEDICAL EXAMINER Riverdale, Md. John Kehoe, M.D. 5-17-66 Health NAME (Type)/ Address (Street, city, town, or county) 23c. NAME OF CEMETERY OR CREMATORY 230. BURIAL, CREMATION 23b. DATE THEREOF 23d. LOCATION (City or Town) (County) (Stote) 0 Burry Al (specify 5/20/66 Ft. Lincoln Colmar Manor, Md 24. FUNERAL DIRECTOR 2So. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE Mcliantes VR A15ME (5) Francis Gasch's Sons Hyattsville, Md.

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 07320 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 07315 FOR STATE HEALTH DEPT. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. COUNTY a. STATE 2, and 3 to PM3. Page b. COUNTY Prince George's

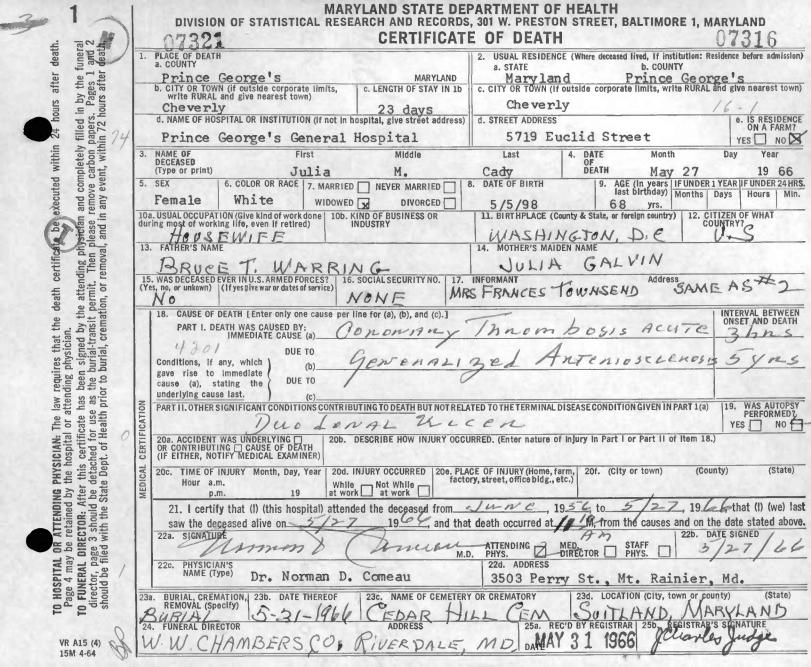
b. CITY OR TOWN (If autside carparate limits,
write RURAL and give nearest tawn) MARYLAND Maryland Prince George's c. CITY OR TOWN (If outside corparate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b Depart Cheverly DOA

d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) Upper Marlboro off d. STREET ADDRESS e. IS RESIDENCE olong with form hours Give Pages 1, ON A FARM? Prince George General Hospital YES NO R.F.D. Box 2086 after death. 3. NAME OF with the Sto within 72 h Middle 4 DATE Month Doy Year DECEASED (Type or print) Stacy Marie Butler DEATH 66 19 S. SEX 9. AGE (In years IF UNDER I YEAR IF UNDER 24 HRS. 6. COLOR OR RACE 7. MARRIED NEVER MARRIED \mathbf{x} B. DATE OF BIRTH last birthday) Months Days Hours WIDOWED DIVORCED 19 April 1966 Female and 2 Negro event 10a. USUAL OCCUPATION (Give kind of work dane 11. BIRTHPLACE (State or foreign country) 10b. KIND OF BUSINESS OR 12 CITIZEN OF WHAT during most of working life, even if retired) INDUSTRY COUNTRY? poges l Maryland

14. MOTHER'S MAIDEN NAME U.S.A. e, writing the word "pending" in pencil in forworded to the Chief Medical Examiner pencil 13. FATHER'S NAME be executed within Francis Butler File and Eugenia Sellmen 1S. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give war ar dates af service) 16. SOCIAL SECURITY NO. 17. INFORMANT Address or removol. Francis Butler Same as 2 1B. CAUSE OF DEATH (Enter only one cause per line far (a), (b), and (c).) INTERVAL BETWEEN PART I. DEATH WAS CAUSED BY: ONSET AND DEATH IMMEDIATE (AUSE (a) Bronchopneumonia This certificate shauld cremotion, DUF TO Conditions, if any, which gove rise to immediate couse (a), DUE TO stating the underlying cause SO buriol, 1 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) please execute the certificate. YES X NO 5 moy be retained for your files.

O FUNERAL DIRECTOR: Poge 3 should be Health or its designated ogent, prior to 20a. EXTERNAL CAUSE WAS PRIMARY ☐ ar CONTRIBUTING ☐ 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) TAL EXAMINER: CAUSE OF DEATH. 20c. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, form, (City ar town) (State) (County) foctory, street, office bldg., etc.) Not While at work at wark 21. I certify that I took charge of the remains described above, held an Autapsy Inspection x, Inquiry 🔀, and in my opinion the funeral director. Natural causes & Accident Suicide . death resulted from: Homicide | Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE TO DEPUTY DEPUTY MEDICAL EXAMINER (XX **EXAMINER'S** John Kehoe, M.D. Riverdale, Md. Address (Street, city, town, or county) NAME (Type) 23a. BURIAL, CREMATION, 23c. NAME OF CEMETERY OR CREMATORY 23b. DATE THEREOF 23d. LOCATION (City or Town) (State) (Caunty) REMOVAL (Specify) Upper Marlboro 5-6-66 Mt. Carmel Nid . 1250 REC'D BY REGISTRAR 24. FUNERAL DIRECTOR ADDRESS VR A15ME (5 Rollins 4339 Hunt Pl., N.E. 1966 Myrtle 6M 1/66

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 07322 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DEPT. 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) o. COUNTY o. STATE b. COUNTY delay is and 3 to af a death. Prince George's Maryland Prince George's MARYLAND Department b. CITY OR TOWN (If outside corporate limits. c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b pup write RURAL and give nearest town) after District Heights Cheverly DOA d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) e. IS RESIDENCE ON A FARM? d. STREET ADDRESS Office alang with farm hours in Item 18. Give Pages ate Prince George General Hospital 7309 Gateway Blvd. YES NO X hours after death. 3. NAME OF Middle Lost 4. DATE Month Doy 72 Year DECEASED the within 19 66 (Type or print) May Cagle DEATH Lee with 1 S. SEX 6. COLOR OR RACE 7. MARRIED B. DATE OF BIRTH 9. AGE (In years IF UNDER 24 HRS. **NEVER MARRIED** last birthdov) Months Doys Hours X WIDOWED DIVORCED 22 May 1898 event Female White 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT during most of working life even if retired)
Retired - Nurse COUNTRY? INDUSTRY Alabama U.S.A. Examiner's pencil u 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME be executed within Jim Foxhall Mary C. 1S. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes give wor or dotes of service) <u>_</u> 16 SOCIAL SECURITY NO 17 INFORMANT Address permit. removal, 7309 Gateway Blvd Coty C. Johnson 1B. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c),) INTERVAL BETWEEN burial-transit ONSET AND DEATH PART I. DEATH WAS CAUSED BY: ar IMMEDIATE CAUSE (o) Heart failure This certificate shauld e, writing the ward farwarded to the Ch crematian, DUE TO Conditions, if ony, which gove (b) Arteriosclerotic heart disease unknown rise to immediate couse (o). DUF TO stoting the underlying couse 0 lost. as burial, a 19. WAS AUTOPS PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) PERFORMED? the certificate, NO X pe agent, priar ta 20o. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Port II of item 18.) PRIMARY Or CONTRIBUTING CAUSE OF DEATH 20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) Hour o.m. foctory, street, office bldg., etc.) Not While may be retained far yuur FUNERAL DIRECTOR: Page 19 ot work ot work designated 21. I certify that I taok charge of the remains described above, held an Autopsy , Inspection x Inquiry + and in my opinion Natural causes X Acident Homicide death resulted fram: Suicide . Undetermined monner CHIEF MEDICAL EXAMINER ACTUAL 5 may be reta
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Health ar its d 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE DEPUTY MEDICAL EXAMINER X **EXAMINER'S** 5-13-66 Riverdale, Md. NAME (Type) John Kehoe, M.D. Address (Street, city, town, or county) 23g. BURIAL CREMATION. 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (Stote) REMOVAL (Specify) Georgia Georgia 5-16-66 Augusta Augusta 4308 Suitland Rd Suitland lhelm Funeral Home VR A15ME (5) Maryland 6M 1/66

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Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 07323 CERTIFICATE OF DEATH within 24 hours after death. death pup 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) 1. PLACE OF DEATH a. COUNTY Prince Georges b. COUNTY Maryland Prince Georges and in any event, within 72 hours after MARYLAND b. CITY OR TOWN (If autside carparate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If autside carparate limits, write RURAL and give neorest town) write RURAL and give peorest town)
University ark University Park, Md. campletely filled in d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d STREET ADDRESS e. IS RESIDENCE ON A FARM? papers. 6707 44th ave 44th ave 6707 YES NO X 4. DATE 3. NAME OF First Middle Last Year Day DECEASED Macbeth Florence Cain May (Type or print) 5. 19 66 DEATH certificate be executed IF UNDER 1 YEAR | IF UNDER 24 HRS. S SEX AGE (In years 6. COLOR OR RACE 7. MARRIED X NEVER MARRIED 8. DATE OF BIRTH last birthday) Months Days Hours Jan 12, 1891 white female WIDOWED DIVORCED 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired)
Housewife Own Home COUNTRY? A Minnesota 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME director, page 3 shauld be detached far use as the burial-transit permit. Then of should be filed with the State Dept. of Health priar ta burial, crematian, ar remaval, Alice Monfort Charles J. Macbeth 1S. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT requires that the death (Yes, na, ar unknown) ((If yes give war ar dates af service) James M. Cain Same as #2 (husband) none no 18. CAUSE OF DEATH (Enter anly one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY: INTERVAL BETWEEN signed by the burial-transit p ONSET AND DEATH IMMEDIATE CAUSE (a) TO HOSPITAL OR ATTENDING PHISTCIAMS TO HOSPITAL BY Page 4 may be retained by the hospital ar attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by director name 3 should be detached for use as the burial-trail. DUF TO Canditians, if any, which gave rise to immediate cause (a), DUF TO stating the underlying cause 19. WAS AUTOPSY PERFORMED? PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) YES NO X 20a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) (IF EITHER, NOTIFY MEDICAL EXAMINER 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm, (City or town) (County) (State) Haur a.m. Not While factory, street, affice bldg., etc.) 21. I certify that (I) (this haspital) attended the deceased fram. 196 1966 that (1) (we) last 1966, and that death accurred at \$25 AM, from causes and on the date stated above. saw the deceased alive on_ 22a. SIGNATURE 22b. DATE SIGNED ATTENDING PHYS. May 5, 1966. X M.D. DIRECTOR 22d. ADDRESS Pro George's Plaza Hyattsville 22c. PHYSICIAN'S Donald C Edgren NAME (Type) 23c. NAME OF GEMETERY OR CREMATORY 23g. BURIAL CREMATION. 23b. DATE THEREOF 23d. LOCATION (City or Town) (County) (State) C FEYN Stran 5/5/66 Ft. Lincoln Md. Colmar Manor, ADDRESS 2So. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR VR A15 (4) 20 M 1/66 1966 Francis Gasch's Sons Hyattsville, Md.

MARYLAND STATE DEPARTMENT OF HEALTH

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by the and 2 retained by the hospital or attending pursecular.

IOR: After this certificate has been signed by the attending physician and completely. The by the detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 be detached for use as the burial-transit permit. Then please remove carbon papers after death.

The law requires that the death certificate be executed

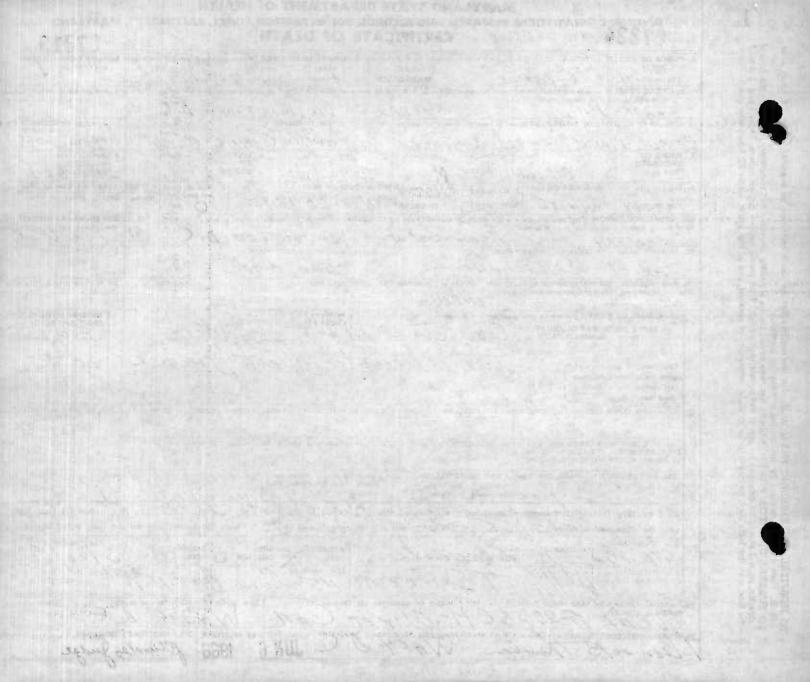
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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution, Residence before admission) a. COUNTY a. STATE b. COUNTY C. CITY OR TOWN (If outside corporate limits, write RURAL end give neerest town) MARYLAND c. LENGTH OF STAY IN 16 b, CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) 3 YERRS WAShINGTON d. STREET ADDRESS TON HYHTTS VIIIE d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street eddress) Ville IS RESIDENCE ON A FARM? AVE YES NO V 3000 NAME OF Year

	(Type or print)	AiLeer	V	M.	CALLAGHAN	DEATH	MAY	20	19	66
	Female	6. COLOR OR RACE	7. MARRIED NEV	ER MARRIED DIVORCED	B. DATE OF BIRTH NOV. 20, 18	la.		F UNDER 1 YEAR Months Days	Hours Hours	R 24 HRS.
do	ne during most of wo	ION (Give kind of work rking life, even if retired	9)	ESTATE		nty & State, or fore		12. CITIZEN O	,	(1.5.1)
	FATHER'S NAME DANIE	1		CSCATE	14. MOTHER'S MAIDEN			1777CR		
		ER IN U.S. ARMED FOR fyes give war or dates of se	nvice	NOUN 17.	INFORMANT		Address			
	PART I. DEAT	DEATH [Enter only one H WAS CAUSED BY, IMMEDIATE CAUSE (a)_ DUE TO	Conge	store "	Heart Heart	10	ue ine		TERVAL BE NSET AND 3 4	
	Conditions, if any gava rise to immed (a), stating tha u cause last.	DUE TO (c)			OT RELATED TO THE TERMI		UDITION GIVE	N IN DART (a)	/	
CERTIFICATIO	20a. ACCIDENT W	AS UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)			D, (Entar neture of injury in				YES	NO D
MEDICAL	20c. TIME OF INJU Hour a.m. p.m.	19	While Not at work at	While fework	ACE OF INJURY (Homa, fer ctory, street, office bldg., etc		-126	(County)	1 (1)	(Stete)
		that (I) (this hooph sed alive on. 5/.			t death occurred at	19 M, from IK	/	, 19,, nd on the da	te state	d above.
	220. SIGNATURE	ant:	Souce	sedi'	M.D. PHYS.	MED. DIRECTOR	STAFF PHYS.	5	/26/	SIGNED
	22c. PHYSICIAN'S NAME (Type		n 7.51	ACCARP		ENNH	be n	1.W:		
238	REMOVAL (Specify	10N, 23b. DATE THER	EOF C 23c. N	-OLIV	OR CREMATORY	23d. OCATI	PS H	on or county)		(Stata)
24	CEUNERAL DIRECTO	R'S SIGNATURE	en V	NAS X	0. C 25a. RE	6 1966	a and	istrar's sign	ature edge.	



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH after death. funeral and death. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) a. COUNTY b. COUNTY Pages 1 Prince Geo. Md. Prince Geo. MARYLAND. b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 1b c, CITY OR TOWN (If outside corporate limits, write RURAL end give nearest town) pontrs write RURAL and give nearest town)
CollegePark hours D O College Park = papers. d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? filled 24 Leland Memorial Mospital Metzerott Road 3503 YES NO. within completely i with NAME OF DATE Month Day Year Middle Last DECEASED Woodland Lee Cavileer 3 May ent, 66 (Type or print) DEATH 19 remove c 6. COLOR OR RACE | 7. MARRIED | NEVER MARRIED AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS. 5. SEX DATE OF BIRTH last birthday) Months Days Hours white 5-27-1899 m WIDOWED DIVORCED 12. CITIZEN OF WHAT 10a. USUAL OCCUPATION (Give kind of work done | 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) physician ease during most of working life, even if retired) COUNTRY? INDUSTRY Builder and Virginia Contractor USA attending physermit. Then plant, or removal, 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Harvey Cavileer Mxxxxx Marv F. Timberla ke of mit. 17. INFORMANT 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. (Yes, no, or unkown) (If yes nive war or dates of service) 579 07 7780A the true Myrtle S. Cavileer INTERVAL BETWEEN 18. CAUSE DF DEATH [Enter only one cause per line for (d), (b), and (c).] l-transit ONSET AND DEATH The law requires that the PART I. DEATH WAS CAUSED BY: physician. IMMEDIATE CAUSE (a) been signed I the burial-trai DUE TO Conditions, If env. which gave rise to Immediate DUE TO cause (a), stating the underlying cause last. as WAS AUTOPSY 19. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) certificate has the for use at the for use at the for use at the formula of the f PERFORMED? NO hospital PHYSICIAN: 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury in Part I or Part II of Item 18.) detached file Dept. of (State) MEDICAL (County) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) 1 factory, street, office bldg., etc.) should be Hour a.m. While Not While p.m. 19 at work at work retained DIRECTOR: A age 3 should lied with the 21. I certify that (I) (this hospital) attended the deceased from and that death occurred at M. from the causes and on the date stated above. saw the deceased alive on 22b. DATE SIGNED 22a. SIGNATURE ATTENDING page DIRECTOR PHYS. M.D. PHYS. may PHYSICIAN'S 22d. ADDRESS FUNERAL 22c. director, p NAME (Type) BURIAL, CREMATION, 23b. DATE THEREOF REMOVAL (Specify)
Burial May 7, 196 23d. LOCATION (City, town or county) 23c. NAME OF CEMETERY OR CREMATORY 23a. Newport 2 Va. News 1966 Greenlawn Cemetery 25a. REC'D BY REGISTRAR I 25b. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR **ADDRESS** Hyattsville, Md. Gasch S VR A.15 (4) 20M 1/65 5/2/ GASCH'S FUNERA

VOSE HOMES BUDGE CHORS DOWN KINGS and the same of th

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH hours after death. funeral 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) PLACE DE DEATH E S a. COUNTY b. COUNTY Prince Georges by the f Pages 1 ars after Prince Georges Maryland MARYLAND CITY OR TDWN (if outside corporate limits, write RURAL and give nearest town) c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) C. LENGTH OF STAY IN 1b papers. Page nin 72 hours a Cheverly 1 day Navlor = d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) filled d. STREET ADDRESS e. IS RESIDENCE 24 DN A FARM? within Prince Goerges General Hospital YES X NO within etely carbon 3. NAME DE Middle Day Last 4. DATE Month Year DECEASED DF comple XX Frene (Type or print) Eleanor Chanev DEATH May 1566 xecuted 5. SEX 6. COLOR OR RACE | 7. MARRIED | NEVER MARRIED DATE OF BIRTH AGE (In years I IF UNDER 1 YEAR IF UNDER 24 HRS. remove last birthday) Months | Days Hours | and WIDOWED Female DIVORCED ll Feb.. 1904 62 10a. USUAL DCCUPATION (Give kind of work done during most of working life, even If retired) INDUSTRY Ξ 11. BIRT HPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT physician lease and ir The law requires that the death certificate be CDUNTRY? Tenent Housewife Virginia S. U. 0 removal, 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME hen Charles Page Webb Ada Washington Maston 15. WAS DECEASED EVER IN U.S. ARMED FDRCES? ed by the attenctransit permit. Address 16. SOCIAL SECURITY ND. 17. INFORMANT (Yes, no, or unkown) | (If yes give war or dates of service) No Louis Henry Chaney-Same as Item #2 CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH signed by urial-transil PART I, DEATH WAS CAUSED BY: the hospital or attending physician. IMMEDIATE CAUSE (a) burial-t burial, DUF TD Conditions, If any, which peen gave rise to Immediate the DUE TD cause (a), stating prior underlying cause jast. (c) as CERTIFICATION PART II. DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY for use Health PERFORMED? certificate NO 17 YES 20a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury in Part I or Part II of Item 18.) etached Dept. of of MEDICAL 20c. TIME DF INJURY Month, Day, Year 20d. INJURY DCCURRED 20e. PLACE DF INJURY (Home, farm, 20f. (City or town) (County) (State) factory, street, office bldg., etc.) DIRECTOR: After tage 3 should be delied with the State Hour a.m. While Not While at work retained by at work p.m. 21. I certify that (this hospital) attended the deceased from and that death occurred at 9 20 MM rom the causes and on the date stated above. saw the deceased alive on 22a. SIGNATURE pe ATTENDING STAFF M.D. DIRECTOR PHYS FUNERAL PHYSICIAN'S 22c. 22d ADDRESS director, p NAME (Type) Frederick Henry BURIAL, CREMATION, 23b. DATE THEREDE 23c. NAME OF CEMETERY OR CREMATORY 23d. LDCATIDA (City, town or county) (State) Burial (Specify) Smithville Cemeterv Smithville FUNERAL DIRECTOR ADDRESS Ritchie Bros. Upper Marlboro. Md. A15 20M

MARYLAND STATE DEPARTMENT OF HEALTH

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Mischie Bros. Urper Marlboro, Md.

	1%	Y	MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MA	RYI AND
	E 502	A)	07327 CERTIFICATE OF DEATH 073	22
	hours after death, d in by the funeral rs. Pages 1 and 2 2 hours after death,	1	1. PLACE OF DEATH a. COUNTY Prince George MARYLAND 2. USUAL RESIDENCE (Where deceased lived, If Institution: Resi a. STATE D.C. b. COUNTY	dence before admission
	by the Pages 1		b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)	id give nearest town)
	hours d in by rs. Pag	-	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS	l e. IS RESIDENCE
	24 fille pape	70	FORESTVILLE MURSING HOME 123-7-1555	e. IS RESIDENCE DN A FARM? YES ND
	executed within 2 and completely fill remove carbon pan any event, within	3	DECEASED OF PITST Middle Lest 4. DATE Month OF	Day Year 1966
	com ove c	5	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years IF UNDER 1)	YEAR IF UNDER 24 HRS
	execute n and co remove in any ev	1	MAIR WHITE WIDOWED DIVORCED MArch 5-1885 81 yrs.	
	e be sician lease and ir	ď		IZEN DF WHAT NTRY?
	physician please	1	13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME	4.5 A.
	ding ph Then remova		Thomas Chappelen Mary Ellen Morr	15
	attending permit. Then		15. WAS DECEASED EVER IN U.S. ARMED FDRCES! 16. SOCIAL SECURITY NO. 17. INFORMANT Address Syen, no, or unknown) (If yes give war or dates of service)	AME AS
	deat e at perm ion,		No ANNA hee Chappelear. IT	Tem #2
	iat the deal ian. ed by the al transit pern cremation,		18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Leveral Memory Cause per line for (a), (b), and (c).]	ONSET AND DEATH
	requires that the death certificate ding physician. been signed by the attending physithe burial-transit permit. Then ple or to burial, cremation, or removal, a		Conditions, If any, which DUE TO Carterioselerons	Sugara
	nding peen been the b		gave rise to immediate cause (a), stating the DUE TO Diabetic Mollitary	8ms
	attendi has be e as th	20		19. WAS AUTOPSY PERFORMED?
	ficate for use the last	0	e hephrais	YES NO
	of drift	CEDTIFICATION	20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) DR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	
.		MEDICAL	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, factory, street, office bidg., etc.) Hour a.m.	y) (State)
	DO 400	2	21. I certify that (I) (this hospital) attended the deceased from December, 1958, to May 4, 1966	that (I) (we) las
	reta reta 3 sh with			E SIGNED
	AL LE	1	22c. PHYSICIAN'S ATTENDING MED. STAFF Man. Director Phys. 122d. Address	11,1966
	O HOSPITAL Page 4 may O FUNERAL I director, pag should be fill		NAME (Type) E vgene Cole M. D. 639 East Capitol St S.E.	
	Pag To Ft	2	BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or count REMOVAL (Specify)	ty) (State)
	1	1 :	24 FUNERAL DIRECTOR ADDRESS 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S	SIGNATURE
	VR AI5 (4) 2DM 1/65	R	symmone Bryo. 1661-Good Hope RdSF WASh DC DAYING "1000 Melantes	Ings.
	20M 1/03	12	MAY 9 1860 /	0

ZUASh MATON, DE Forestulle FORESTVIlle YARSING Home 123-7-57-5E MAIL WESTE Y MARCH 5-1885 81 TAN Driver Diamond CAL Co. MARY IMMED IN I H Thomas Chappelear MARY Ellen Morris ANNA hee Chappelens. ITEM =

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicial and penaletely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please emisse carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

	MARY	LAND STATE DE	PARTMENT OF	HEALTH	
DIVISION OF	STATISTICAL RESEA	RCH AND RECORDS	, 301 W. PRESTON	STREET, BALTIMOF	RE 1, MARYLAND
7328		CERTIFICATI	E OF DEATH		07323

1	A. PLACE DF DEATH a. CDUNTY	2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. STATE b. COUNTY
	PRINCE GEORGE'S MARYLAND	a. STATE GEORGIA b. COUNTY
	b. CITY OR TDWN (if outside corporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
	ANDREWS AIR FORCE BASE	ROBBINS AIR FORCE BASE 4/
	d. NAME OF HDSPITAL DR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS I e. IS RESIDENCE
5	USAF HOSPITAL ANDREWS	450 OFFICERS CIRCLE ON A FARM? YES □ ND ☒
	3. NAME DF First Middle DECEASED	Last 4. DATE Month Day Year
	(Type or print) CECIL HAMPTON	CHILDRE DEATH 5-28- 1966
	5. SEX 6. CDLDR DR RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years IFUNDER 1 YEAR IFUNDER 24 HRS.
	MALE CAUCASIAN WIDDWED DIVDRCED	2 SEP 1911 last birthday) Months Days Hours Min.
1	1Da. USUAL DCCUPATION (Give kind of work done during most of working life, even if retired) INDUSTRY	11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY?
-	OFFICER U.S. AIR FORCE	
	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
	R.G. CHILDRE - DECEASED	ELMA LUCILLE POTTER - DECEASED
1	15. WAS DECEASED EVER IN U.S. ARMED FDRCES? 16. SDCIAL SECURITY NO. 17.	
	(Yes, no, or unkown) (If yes give war or dates of service) YES 1935-PRESENT 443-40-7795	CATHERINE C RUDIGER RIDGE, DR.
1	18. CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c).]	
	DART I BEATH WAS CAUSED BY	SANTA CLARA, CHERYLET WENT
	IMMEDIATE CAUSE (a) Cachexia	
	15 9 X DUE TO	
	Conditions, If any, which gave rise to Immediate (b) Metastatic Adeno	Carcinoma
	cause (a), stating the DUE TO	
		termined - probably GI tract
	PART II. DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT REL 202. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCC DR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	PERFORMED?
2	FICA	YES ND
	20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCC DR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	URRED. (Enter nature of Injury In Part I or Part II of Item 18.)
	Sont Sont	ACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) ory, street, office bidg., etc.)
	Hour a.m. p.m. 19 While at work at work	ory, street, once bing, etc.,
	21. I certify that (I) (this hospital) attended the deceased from	widt 28, 1965, to 28 May , 19 66, that (1) (we) last
	saw the deceased alive on 28 May 19 66, and the	it death occurred at 1445M, from the causes and on the date stated above.
	22a. SIGNATURE	22b. DATE SIGNED
	Bamilon Cost USAF mc M.	D. ATTENDING MED. STAFF 29 MAY 66
	22C. PHYSCIAN'S NAME (Type)	22d. ADDRESS USAF HOSPITAL ANDREWS
	DAVID S MILLER CAPT USAF MC	ANDREWS AFB, WASHINGTON DC 20331
	23a. QURIAL PREMATION, 23b. DATE THEREDF 23c. NAME OF CEMETER	
	Service 6-2-66 arlington	national advisato Nancinia
	24. FUNERAL DIRECTOR ADDRESS	25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
	71111 Phambay (597 16	DATILIN 3 1968 Icharles Judge
	Will Williams of Theshe	Company of the same of the sam

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DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH and PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If Institution; Residence before admission) a. COUNTY b. COUNTY b. CITY OR TOWN (if outside corporate limits, MARYLAND c. CITY OR TOWN (If outside corporate limits, write RURAL end give hearest town) C. LENGTH OF STAY IN 1b etely filled in by the bon papers. Page within 72 hours a write RURAL and give nearest town) hours Cheverly College d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE 24 ON A FARM? George General Hospital Baltimore YES NOT venue within NAME OF First Middle DATE Month Last 4. Oay Year DECEASED comple ve carl THOMAS ANDREW CHRISTENSEN (Type or print) DEATH May 5. SEX 6. COLOR OR RACE AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS | last birthday) | Months | Days | Hours | Min. DATE OF BIRTH 7. MARRIEO T NEVER MARRIED Male White WIOOWED [DIVORCEO 908 58 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) = 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT The law requires that the death certificate be INDUSTRY COUNTRY? Medical Medical Doctor Newbort II. S. A 13. FATHER'S NAME MOTHER'S MAIDEN NAME remova Andrew Christensen Katherine 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. INFORMANT 17. been signed by the atten the burial-transit permit. or to burial, cremation, or (Yes, no, or unkown) (If yes give war or dates of service) Yes Mrs. Kathryh M. None Christensen CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART 1. DEATH WAS CAUSED BY: **OR ATTENDING PHYSICIAN:** The law requires that tl be retained by the hospital or attending physician. IMMEDIATE CAUSE (a) **DUE TO** Cenditions, if any, which gave rise to immediate as the prior to **OUE TO** cause (a), stating the underlying cause last. (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) CERTIFICATION certificate has hed for use at 19. WAS AUTOPSY PERFORMED? NO 3 YES 20a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF CEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) After this certifing be detached for a State Dept. of H OESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) MEDICAL 20c. TIME OF INJURY Month, Oay, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (State) (County) factory, street, office bldg., etc.) Hour a.m. While Not While at work p.m. at work P 21. I certify that (I) (this hospital) attended the deceased from DIRECTOR: /
age 3 should
illed with the and that death occurred at O. 20 M. from the causes and on the date stated above. 119 saw the deceased alive on 22a. SIGNATURE 22b. DATE SIGNED page ATTENDING PHYS. MEO.
DIRECTOR PHYSICIAN'S BERNARD M.D. Page 4 may FUNERAL irector, par 22d. AODRESS NAME (Type) directo Street N.W. Wash, D.C. BURIAL, CREMATION, REMOVAL (Specify) Burial 23b. OATE THEREOF 23d. LOCATION (City, town or county) 23c. NAME OF CEMETERY OR CREMATORY Arlington Virginia Lington National FUNERAL DIRECTOR REC'D BY REGISTRAR MA CHAMBERS Riverdale. VR A15 (4) 20M 1/65

MARYLAND STATE DEPARTMENT OF HEALTH

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH hours after death. and death. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. COUNTY b. COUNTY a. STATE - 5 Md. Howard Prince Georges by the Pages 1 MARYLAND CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) rbon papers. Page, within 72 hours 1 Day, 12 Hrs Laurel Cheverly d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE 24 ON A FARM? Prince Georges General Hospital 199 Whiskey Bottom Road NO C YES completely ive carbon pevent, within executed within NAME OF First Lest DATE Middle Month Day Year DECEASED Christo 19 66 May 1, (Type or print) DEATH 5. SEX 6. CDLOR OR RACE and con 8. DATE OF BIRTH AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS. 7. MARRIED NEVER MARRIED K last birthday) Months | April 29. 1966 Male White WIDOWED DIVORCED 1Da. USUAL DCCUPATION (Give kind of work done during most of working life, even if retired) 12. CITIZEN OF WHAT 10b. KIND OF BUSINESS OR 11. BIRT HPLACE (County & State, or foreign country) pe United INDUSTRY States Maryland none none death certificate 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME attending ph ermit. Then remova Thomas Edmond Christo Lucy Buy 15. WAS DECEASED EVER IN U.S. ARMED FDRCES? 17. INFORMANT 16. SOCIAL SECURITY NO. Address the atten 5 (Yes, no, or unkown) (If yes give war or dates of service) Mother 199 Whiskey Bottom Rd., Laurel transit perm cremation, no none 18. CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEE requires that the been signed by the burial-transit or to burial, crema AND DEAT PART I. DEATH WAS CAUSED BY: attending physician. IMMEDIATE CAUSE (a) DUE TO upa Bout 4 Conditions, if any, which gave rise to immediate DUE TO cause (a), stating prior underlying cause last. as CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY for use Health PERFORMED? certificate YES . NO the hospital PHYSICIAN: 2Da. ACCIDENT WAS UNDERLYING F DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) ö ached DR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 2Dc. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) factory, street, office bldg., etc.) Hour a.m. While Not While After Id be o be Stat n.m. at work at work retained 21. I certify that (I) (this hospital) attended the deceased from 19 DIRECTOR: age 3 should led with the and that death occurred at 10.16M, from the causes and on the date stated above. saw the deceased alive on 22a. SIGNATURE 22h. DATE SIGNED OR be page ATTENDING PHYS. MED. 5/1/66 DIRECTOR 4 may FUNERAL PHYSICIAN ADDRESS 22d. director, p NAME (Type) Robert S. McCeney 402 Main Street, Laurel, Maryland 23d. LOCATION (City, town or county) (State) BURIAL, CREMATION, 23b. DATE THEREOF NAME OF CEMETERY OR CREMATORY 2 REMOYAL (Specify) 5/6//66 Drince George's General Cheverly, Maryland remation 25a. REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE FUNERAL DIRECTOR **ADDRESS** Hospital 1966 Administrator, Cheverly, Md. VR AI5 (4) DATE MAY 20M 1/65

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	08334	CERTIFICATE	OF DEATH		07326
1	1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived, If institution	: Residence before admission
	TRINCE TEOPORS	MARYLAND	a. STATE D.C.	b. COUNTY	V
1	b. CITY OR TOWN (if outside corporate limits.	C. LENGTH OF STAY IN 15		side corporate limits, write RUF	RAL and give nearest town
	Swite RURAL and give nearest town)	35 Mouths	Washin	tou	117 2
	d. NAME OF HOSPITAL OR INSTITUTION (if not in hos	spital, give street address)	d. STREET ADDRESS	UN	e. IS RESIDENCE
9	SuiTland NuRSIN	o Harre	1807 Mayen	2. St NW	ON A FARM?
	3. NAME DF First	Middle	Last 14.	DATE Month	Day Year
	(Type or print) BORTLA	KARN (LARK	OF DEATH MA	01 11
d	5. SEX 6. COLOR OR RACE 7. MARRIED [NEVER MARRIED 8	DATE OF BIRTH	19 AGE (In years HEMNE	ER 1 YEAR IIF UNDER 24 HR
	F W WIDOWED 5		diaba	last birthday) Month	s Days Hours Min.
		ND OF BUSINESS OR	11. BIRTHPLACE (County	& State, or foreign country) 12	CITIZEN OF WHAT
	during most of working life, even if retired) IN	DUSTRY	Fair P	INV	COUNTRY?
	House wife 13. FATHER'S NAME		14. MOTHER'S MAIDEN	4) /V. /.	U.S.H.
		1	A A	TAIVIE	
	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. S	SOCIAL SECURITY NO. 1 17.	MAR	Y EILES	
	(Yes, no, or unkown) (If yes give war or dates of service)	SOCIAL SECURITY NO. 17.	INFORMANT	9316 PINE	4 BRANCH RO
4	No 578		nes L. HARRI	5 Silver Sp	Ring, Md.
	18. CAUSE OF DEATH [Enter only one cause per lin PART I, DEATH WAS CAUSED BY:	ie for (a), (b), and (c).]	,		ONSET AND DEATH
	IMMEDIATE CAUSE (a)	ysusem	ia		
	4500 DUE TO	11, 1+,			
	Conditions, If any, which gave rise to Immediate (b)	yeurs			
	cause (a), stating the DUE TO		10 1	- 1	
	underlying cause last. (c)	enerally	d wen	orchiones	
	PARTII. OTHER SIGNIFICANT CONDITIONS CONTRIBUTED 20a. ACCIDENT WAS UNDERLYING 2Db. DE OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	ING TO DEATH BUT NOT BELAT	TED TO THE TERMINAL DISEA	ISE CONDITION GIVEN IN PART 1	(a) 19. WAS AUTOPSY PERFORMED?
	701				YES NO
	20a. ACCIDENT WAS UNDERLYING 1 2Db. DE OR CONTRIBUTING 1 CAUSE OF DEATH	ESCRIBE HOW INJURY OCCUP	RRED. (Enter nature of Inju	iry In Part I or Part II of Item	18.)
	El Baux a m	factor	E OF INJURY (Home, farm, y, street, office bldg., etc.)	2Df. (City or town) (County) (State)
	While at work	Not While at work	,,,		
	21. I certify that (I) (this hospital) attended	d the deceased from	196319	to MAY 19	66, that (I) (we) las
	saw the deceased alive on 1,9 W/a	19 lele, and that	death occurred at 7:45	M, from the causes and or	n the date stated above
	22a. GIGNATURE		ATTENDING MED		DATE SIGNED
	1 N. Muffeell	ern M.D.		CTOR PHYS.	5/21/66
	22c. HYSICIAN'S NAME (Type)	do a u na n	22d. ADDRESS	11. 1	FDC2
	V. 17. 1718 X	ACLARINID.	1 3/1/2/	M. Ave. S	- , D (10)
	23a. BURIAL, CREMATION, 23b. DATE THEREOF	23c. NAME OF CEMETERY	OR CREMATORY 2	23d. LOCATION (City, town or	county) (State)
	DURIAL 5-24-66	OT. MARY	S EMETERY	WANCASTE	
	24. FUNERAL DIRECTOR,	ADDRESS	A 25a. REC'D E	BY REGISTRAR 25b, REGISTR	AR'S SIGNATURE

CASTER 25b, REGISTRAR'S Clearles

SIGNATURE

25a. REC'D BY

REGISTRAR 1966

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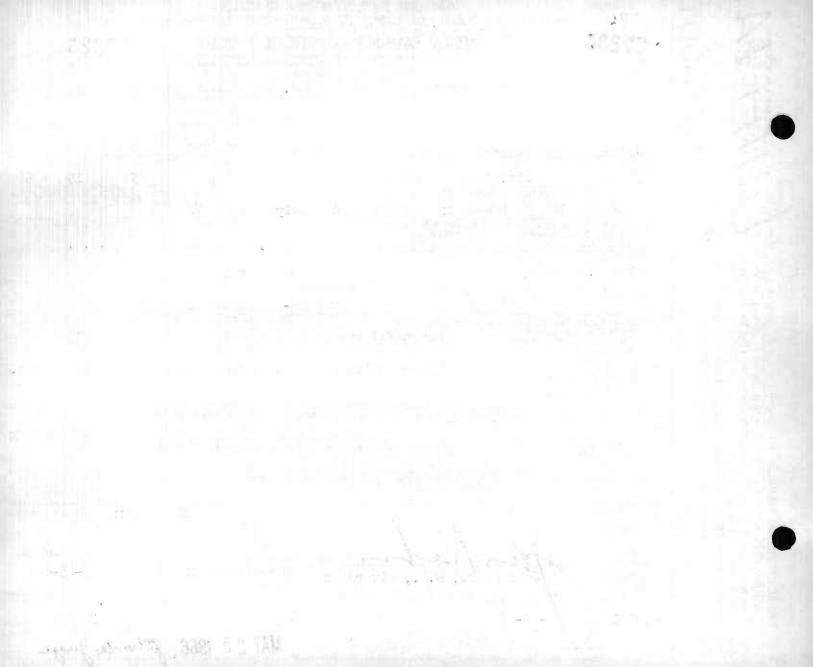
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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before our o. COUNTY o. STATE b. COUNTY Prince George PM3. Page 0 o.f MARYLAND Prince George and 3 b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. CITY DR TDWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b DOA Upper Marlboro Cheverly d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? farm haurs Prince George General Hospital Give Pages Marlboro Hotel YES NO X after death 3. NAME OF 4. DATE Month Doy Year within 72 DECEASED (Type or print) Clark Jr Hines DEATH 19 66 Leonard 6. COLOR OR RACE DATE OF BIRTH AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. 7. MARRIED NEVER MARRIED lost birthdoy) Months Doys Hours Item 18. haurs WIDOWED DIVORCED 28 Sept. 1913 event 10o. USUAL OCCUPATION (Give kind of work done 11. BIRTHPLACE (Stote or foreign country) 10b. KIND DE BUSINESS OR 12. CITIZEN OF WHAT during most of working life, even if refired)
Air Force - WW#2 24 Louisiana any rd "pending" in pencil in Chief Medical Examiner's pages in any 13. FATHER'S NAME certificate should be executed within pencil 14. MOTHER'S MAIDEN NAME Leonard H. Clark File pup Eva Hill 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16. SOCIAL SECURITY NO. permit. (Yes, no, or unknown) (If yes give wor or dotes of service J.E. Hixson & Sons, Lake Charles, La. removal, Yes 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) INTERVAL BETWEEN burial-transit PART I. DEATH WAS CAUSED BY Minutes Heart failure or IMMEDIATE CAUSE (o) e, writing the ward farwarded ta the Ch used as a burial-tr burial, crematian, 4200 DUE TO Conditions, if ony, which gove Arteriosclerotic heart disease rise to immediate couse (a) DUE TO stoting the underlying couse PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NDT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? the certificate, NO designated agent, prior to 20o. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.) PRIMARY OF CONTRIBUTING STAL EXAMINER: CAUSE DF DEATH. 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20c. TIME OF INJURY Month, Dov. Year (City or town) (County) (Stote) foctory, street, office bldg., etc.) FUNERAL DIRECTOR: Page of work please execute 21. I certify that I took charge of the remains described above, held an Autopsy ... Inspection x Inquiry (30) and in my apinian Natural couses x Accident death resulted fram: Suicide . Hamicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIG NATURE TO DEPUTY 0 DEPUTY MEDICAL EXAMINER 5-22-66 **EXAMINER'S** John Kehoe, M.D., Riverdale, Md Address (Street, city, town, or county) O FUNE Health NAME (Type) 23d. LOCATION (City or Town) 23c. NAME OF CEMETERY OR CREMATORY 230. BURIAL, CREMATION (County) (Stote) Crowley, Louisiana Crowley Cemetery Funeral Address Mt. Rainier 250 Per Dev Registrar 24 1966 24. FUNERAL DIRECTOR Nal VR A15ME (5) Maryland Inc. Home 6M 1/66

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			Division of STATIS	lical RESEA Ltem #9	RCH AND RECE	ORDS, 30	CERTIFICATE C	EET, BALTIMORE,	MARYLANI	21201	
		07333	3	MEDI	ICAL EXAM	INER'S	CERTIFICATE C)F DEATH		7328	3
		LACE OF DEATH	1				2. USUAL RESIDENCE (Where deceosed lived	if institution: F	lesidence befor	e odmission)
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ı		write RURAL one	give neorest town)			7 IN ID			, Write KUKAL O	/ G = /	ar town)
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l			George Gen				4824 East				ON A FARM? YES NO
k		IAME OF		irst	Middle		Lost	4. DATE	Month	Doy	Year
L		ECEASED Type or print)	Cha	rliene	Clark	<	Clarke	OF DEATH	5	1	9 19 66
	S. S		6. COLOR OR RACE	7. MARRIED	NEVER MARR		8. DATE OF BIRTH	9. AGE (1		UNDER 1 YEAR	Hours Min.
		F	W		DIVOR	ED	4 Julyl 1	-07) //A	r Oyrs.		
I	10o. durir	a most of working	I (Give kind of work done life, even if retired)		ND OF BUSINESS OR DUSTRY		11. BIRTHPLACE (Stote	3 //		12. CITIZEN OF COUNTRY?	?
ŀ	13	Housewif	e				14. MOTHER'S MAIDEN	New York		U.S.A	•
l		Silas M.	Clarke				Etta Bat				
ł	15.	WAS DECEASED EVE	R IN U.S. ARMED FORCES?	16. 5	OCIAL SECURITY NO	. 17.	INFORMANT)COCIC	Address		
ı	(Yes	, no, or unknown)	(If yes give wor or dotes	of service)		Do	orothea-Jear	ne Ryder	4824 E	Eastern	Lane
Ì	T	1B. CAUSE OF DI	EATH (Enter only one co	use per line for I	(o), (b), ond (c).)						ERVAL BETWEEN
1		PART 1. DEAT	TH WAS CAUSED BY: IMMEDIATE CAUSE	(0)	Heart fa	ailure				Mi	NUTES
1		443	DUE.	ТО							
1		Conditions, if ony, rise to immediat	(0) 92403 9	(b)	Hyperter	nsive	cardio vasc	ular dise	ase	Ove	r 5 yrs.
ı		stoting the under									
l	1		GNIFICANT CONDITIONS	(c)	O DEATH BUT NOT R	FLATED TO	THE TERMINAL DISEASE CO	NDITION GIVEN IN PAI	PT 1(n)	119.	WAS AUTOPSY
١	CERTIFICATION	TAKE III OTTEK SI	omican compinions	- OHIKIDOTINO	O DEATH OUT HOT I		THE PERMITTER OF THE CO	nonion onen in in	. ,(0)		WAS AUTOPSY PERFORMED?
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		PRIMARY Or COL CAUSE OF DEATH.	NIRIBUTING L								
l	MEDICAL	20c. TIME OF INJU	JRY Month, Doy, Yeor	1	JURY OCCURRED Not While		CE OF INJURY (Home, formatory, street, office bldg., etc.		town)	(County)	(Stote)
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١							eld on Autopsy [],				l in my opinia
l		death result	ted fram: Natur	al auses	, Acciden	_J, Suid	ide 🔲, Hamicide		nined manne	er	
I		ACTUAL	Hat	A	1-		CHIEF MEDICAL	EXAMINER DICAL EXAMINER		-1	22. DATE SIGNED
1		SIGNATURE	Jan Jan	7/1	MD	7	M.D.	AL EXAMINER 3			19-66
-		EXAMINER'S NAME (Type)	John	veuoe,	M.D., R.	Lverda	LIE	t, city, town, or count	y)		,
	230.	BURIAL, CREMATIC	JA. DATE TH	EREOF	23c. NAME OF CE			23d. LOCATION ((County)	
1		REMOVAL (Specify		6	Washing	ton Na		Suitlan		Maryl	
1		FUNERAL DIRECTO	neral Home	/1308	ADDRESS Suritland	Rd C		2 5 1966		RAR'S SIGNATUR	
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MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

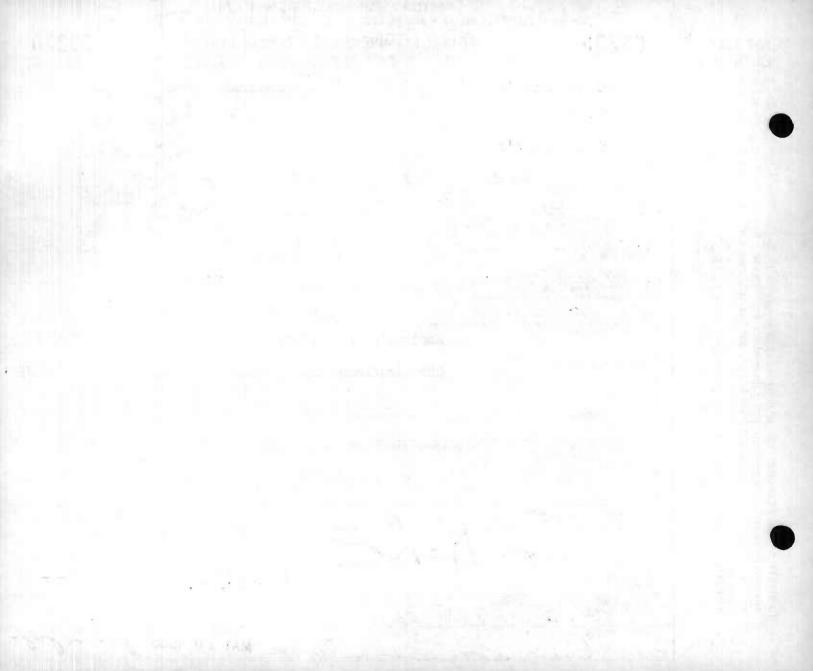
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/ '	o. COUNTY	PRINCE GEOR	GE	MARYI		o. STATE MARYL	AND	b. COUNTY	PRINC	E G	EORG	E
	b. CITY OR TOWN (RURAL and give n	If outside corporate limi	ts, write	c. LENGTH OF STAY	IN 1b	c. CITY OR TOWN (rote limits, write RI	URAL ond giv	re ned	rest town)
	d. NAME OF HOSPI OR INSTRUMEN	TAL (If not in haspital, g Brooklyn B	ridg	e Rd.		d. STREET ADDRESS	klyn Br	idge Rd				IDENCE FARM? NO X
3.	NAME OF DECEASED (Type or print)	Fir Cha	rles	Middle R.		Co 1e	4. DATE OF DEATH	May May		14 Day		rear 19 66
5.	Male	6. COLOR OR RACE White	7. MAR WIDOW	NEVER MARRIE		June 6, 18	92	9. AGE (In years last birthday) yrs.	Months E	YEAR Days	Hours Hours	R 24 HRS. Min.
10		ON (Give kind of work kind it the tree in the control of the contr		& O R.R.	R INDUSTRY	Howard Co				SA	WHATC	OUNTRY?
13	FATHER'S NAME Hen:	ry Demmeade	Col	е	1	4. MOTHER'S MAIDEI		ithley				
1S (Y		ER IN U. S. ARMED FOR Ilf yes, give war or dates of s	lannaa	. social security no. unknown		rmant Charles C	ole,Son	, Laure		ary	land	
CERTIFICATION	Conditions, if a gove rise to i couse (a), stoting lying couse last.	the under-)	CONTRIBUTING TO DEA	ATH BUT NO	of related to the tel	RMINAL DISEAS	E CONDITION GIV	YEN IN PART		PERFO	AUTOPSY PRMED?
		AS UNDERLYING G CAUSE OF DEATH MEDICAL EXAMINER) RY Month, Day, Ye		SCRIBE HOW INJURY OF		Enter noture of injury OF INJURY (Hame, f.			IC.	ounty)		(State)
MEDICAL		19	While at wa		foctory	, street, office bldg.,	etc.)	1/4			at //\ /s	we) last
	saw the deced 220. SIGNATURE 22c. PHYSICIAN'S	ised alive an 37	3		that dea	ATTENDING PHYS. 22d. ADDRESS		the causes an			stated	
2		hert S. M		123c, NAME OF CEME	ETERY OR C	402 Main		Laurel,		an	d (Stote	
	REMOVAL Specify BURTAL	May 6, 1				Cemetery.	MILL OF	sville.			ì	
6			sh.B	lvd., Laurel	, Maryl		MAY 1	1966	Milian			ye

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 67335 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 07330 FOR STATE HEALTH DEPT. PLACE OF DEATH USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission), o. COUNTY o. STATE b. COUNTY 2, and 3 to PM3. Page at death. MARYLAND b. CITY OR TOWN (If outside corporate limits, Tennessee Department c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town) write RURAL and give nearest town)
Cheverly after DOA d. STREET ADDRESS d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) IS RESIDENCE ON A FARM? Item 18. Give Pages 1, Office along with farm haurs Prince George's ate YES | NO haurs after death. NAME OF Middle Lost 4. DATE Manth Dov Year DECEASED May Melvin NMI Collins 66 within (Type or print 19 DEATH S. SEX 6. COLOR OR RACE B. DATE OF BIRTH 9. AGE (In years IF UNDER | YEAR IF UNDER 24 HRS. NEVER MARRIED lost birthday) Hours Male White WIDOWED DIVORCED unknown about 10o. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

13. TATHER'S NAME 10b. KIND OF BUSINESS OR BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT **INDUSTRY** COUNTRY? be executed within 24 pencil in Chief Medical Examiner's File ond 16. SOCIAL SECURITY NO. INFORMANT Address (Yes, na, ar unknawn) (If yes give war or dates af service remaval. pending N. MADIER CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) burial-transit PART I. DEATH WAS CAUSED BY manute SEATH 0 Aspiration of vomitus IMMEDIATE CAUSE (o) used as a burial-tra i burial, crematian, c This certificate shauld writing the ward DHE TO Conditions, if ony, which gove over20 yrs. Chronic alcoholism rise to immediate couse (o). DUE TO stating the underlying couse farwarded PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 19. WAS AUTOPS Y PERFORMED? CERTIFICATION please execute the certificate. NO x to pe 20o. EXTERNAL CAUSE WAS prior 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 1B.) shauld PRIMARY Or CONTRIBUTING CAUSE OF DEATH designated agent, 20c. TIME OF INJURY Month, Dov. Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) Hour o.m. foctory, street, office bldg., etc.) FUNERAL DIRECTOR: Page Not While of work 21. I certify that I taok charge of the remains described obove, held an Autopsy Inspection 3. Inquiry X, be retained far ond in my opinion the funeral director. death resulted frame: Natural Accide Suicide Homicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE **FO DEPUTY** DEPUTY MEDICAL EXAMINER **EXAMINER'S** Riverda Down Mccounty) Health (NAME (Type) 23b DATE THEREOF 230. BURIAL CREMATION 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 0 REMOVAL (Spec FUNERAL DIRECTOR 1966 VR A15ME (5) 6M 1/66



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 07336 CERTIFICATE OF DEATH death 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) 1. PLACE OF DEATH o. COUNTY o. STATE b. COUNTY Prince Georges D.C. MARYLAND hours after 2. LENGTH OF STAY IN 16 b. CITY DR TDWN (If outside corporate limits. c. CITY DR TOWN (If autside carparate limits, write RURAL and give nearest tawn) write RURAL and give negrest tawn) Washington Glenn Dale (rural) papers. hin 72 ha d. NAME DF HDSPITAL DR INSTITUTION (If nat in haspital, give street address) d STREET ADDRESS e. IS RESIDENCE ON A FARM? filled Glenn Dale Hospital 2061 Park Road, N.W. YES NO X 3. NAME OF Middle 4 DATE Manth Year pan nt, wit Day and campletely DECEASED Cooksey 12. 19 66 L May Rose (Type or print) DEATH a 8. DATE OF BIRTH AGE (In years IF UNDER 1 YEAR 1 IF UNDER 24 HRS. S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED last hirthday) Months Days Haurs 11/5/1918 Female White X WIDOWED DIVORCED 12. CITIZEN OF WHAT 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stote, or foreign country) and in COUNTRY? during most of working life, even if retired) INDUSTRY attending physician sermit. Then please Washington, D.C. 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME ar remayal. George Melling Julia Collins IS WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, na, or unknown) (If yes give war ar dates of service) Decedent None burial, crematian, 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY: Acute pyelonephritis and right perinephritic abIMMEDIATE (AUSE (a) scess(2 weeks) treated by right nephrectomy, 5/6/6 INTERVAL RETWEEN signed by the burial-transit p ONSET AND DEATH TO HOSPITAL OR ATTENDING FILTMAN, THE TOTAL OR PASICIAN.
Page 4 may be retained by the haspital ar attending physician.
TO FUNERAL DIRECTOR: After this certificate has been signed by directar, page 3 should be detached for use as the burial-trar should be filed with the State Dept. af Health priar ta burial, cre DUF TD unknown Multiple renal calculi Conditions, if any, which gave rise to immediate cause (a). DUE TO stating the underlying couse Multiple sclerosis approx.11 PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 19. WAS AUTOPSY PERFORMED? YES X NO 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part 1 or Port II of item 18.) 20o. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) (Stote) 20d. INJURY OCCURRED 20e, PLACE OF INJURY (Home, farm, (City or town) (County) 20c. TIME OF INJURY Month, Day, Year Hour o.m. foctory, street, affice bldg., etc.) Not While 19 at wark at wark 5/12/, 19 66 that XIX (we) last 21. I certify that (this hospital) attended the deceased from. 8/30/ 19 63 to 5/12/ 1966, and that death accurred at 12:45 Affram causes and on the date stated above. saw the deceased alive on. 22b. DATE SIGNED 22a. SIGNATURE 5/12/66 M.D. DIRECTOR Glenn Dale Hospital 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) Moe Weiss, M.D. Glenn Dale, Maryland 23d. LOCATION (City of Town) 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY (County) (Stote) 23g. BURIAL GREMATION: REMOVAL (Specify) BURING 2Sb. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR 2So. REC'D BY REGISTRAR

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RYLAND STATE DEPARTMENT OF HEALTH

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ATT	reta ECTO 3 sh with		saw the deceased alive on 4/19/66 19 , and that death occurred at 10 MM, from the causes and of 22a. SIGNATURE	DATE SIGNED
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VE	A15 (4)		Robert A. Pumphrey Bethesda, Maryland MAY 11 1966 Charles	o Judge

MARYLAND STATE DEPARTMENT OF HEALTH

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DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral and 2 death. death. PLACE DF DEATH a. COUNTY 2. USUAL RESIDENCE (Where deceased lived, If Institution; Residence before admission) the h a. STATE b. COUNTY after Prince George's Prince George's MARYLAND aft CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b by Pag hours Cheverly 7 hours Seabrook. = papers. d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) filled d. STREET ADDRESS e. IS RESIDENCE ON A FARM? Prince George's General Hospital within = 9417 Sheridan Street YES NO X executed within completely carbon 3. NAME DE First Middle Last DATE Month Year DECEASED OF DEATH event, (Type or print) Georgianna Crews 1966 May 6. COLOR OR RACE AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS. | Iast birthday) | Months | Days | Hours | Min. DATE OF BIRTH 7. MARRIED NEVER MARRIED Days March 16. 1886 White Female WIDOWED X DIVORCED 80 10b. KIND DF BUSINESS OR INDUSTRY
Own Home = 10a. USUAL OCCUPATION (Give kind of work done 12. CITIZEN OF WHAT 11. BIRTHPLACE (County & State, or foreign country) during most of working life, even if retired) COUNTRY? U.S.A. West Virginia Housewife physi certificate 13. FATHER'S NAME removal, 14. MOTHER'S MAIDEN NAME attending ph Virginia Rolinson Unknown 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address transit permit. (Yes, no, or unkown) (If yes nive war or dates of service) that the death Herman A. Crews Mitchellville, Md. (son) none no the signed by th 18. CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c),] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: **OR ATTENDING PHYSICIAN:** The law requires that tl be retained by the hospital or attending physiclan. IMMEDIATE CAUSE (a) a DUE TO Conditions, If any, which (b) To FUNERAL DIRECTOR. After this certificate has been director, page 3 should be detached for use as the bighould be filed with the State Dept. of Health prior to b gave rise to immediate DUE TO cause (a), stating the underlying cause last. CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY PERFORMED? NO X YES 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) MEDICAL 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) factory, street, office bldg., etc.) Hour a.m. While Not While at work at work 21. I certify that (I) (this hospital) attended the deceased from and that death occurred atsaw the deceased alive on. M. from the causes and on the date stated above. SIGNATURE 22b. DATE SIGNED 22a. ATTENDING PHYS. 5/7/66 M.D. DIRECTOR PHYS. PHYSICIAN'S NAME (Type) 22d. Barry Rosenberg 650 Landover Rd., Cheverly, Maryland BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR GREMATORY 23d. LOCATION (City, town or county) (State) Bur HAVAL (Specify) 5/10/66 Fairview Roanoke, Va. 25a. REC'D BY REGISTRAR 25b. 24. FUNERAL DIRECTOR ADDRESS VR A15 (4) Francis Gasch's Sons Hvattsville, Maryland 15M 4-64

MARYLAND STATE DEPARTMENT OF HEALTH

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
07340 CERTIFICATE OF DEATH 07335
1. PLACE OF DEATH a. COUNTY Prince George's MARYLAND 2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) b. COUNTY Maryland Prince George's
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Cheverly 1 day Bowie 6. IS RESIDENCE 6. STREET ADDRESS 6. IS RESIDENCE 6.
Prince George's General Hospital 12319 Firtree VES NO
3. NAME DF First Middle Last 4. DATE Month Day Year DECEASED (Type or print) Margaret Dawson DEATH May 5 1966
5. SEX 6. COLOR OR RACE 7. MARRIED 8. DATE OF BIRTH 9. AGE (In years FUNDER 1 YEAR IFUNDER 24 HRS. last birthday) Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. KIND OF BUSINESS OR II. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME
Jacob Scheuler Jody Mae Locke
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unkown) (If yes give war or dates of service) 578-05-4699 Husband same
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21. I certify that (I) (this hospital) attended the deceased from 1965, that (I) (we) last saw the deceased alive on 1966, and that death occurred at 1:36M, from the causes and on the date stated above.
22a. SIGNATURE / // Ma / 22b. / QATE SIGNED
22c. PHYSICIAN'S NAME (Type) A ACID (1) ATTOMING DIRECTOR
23a. BURIAL, CREMATION, 23b. DATE THEREDF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State)
23a. BURIAL CREMATION, 23b. DATE THEREDF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) BURIAL 5/9/66 Cedar Hill Cemetery Suitland, Maryland
24. FUNERAL DIRECTOR 300 46 ST. N. E DATE MAY 10 1966 SCharles Judge

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DIVISION OF STATISTICAL RESEARCH AND RECORDS - BALTIMORE 1, MARYLAND ERTIFICATE OF DEATH directar, iled with PLACE OF DEATH 2, USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. COUNTY iled b. COUNTY MARYLAND b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town) days D d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE OR INSTITUTION ON A FARM? by 12 90 YES NO IZ . = NAME OF Middle 4. DATE First Last Month Yeor DECEASED OF Poges DEATH (Type or print) 9. AGE (In years S. SEX 6. COLOR OR RACE IF UNDER 1 YEAR IF UNDER 24 HRS. 7. MARRIED NEVER MARRIED B. DATE OF BIRTH lost birthdoy) Months Days Hours WIDOWED, DIVORCED | or yes 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) OWN HOME and HOWSE WI pou 72 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 17 INFORMANT 16. SOCIAL SECURITY NO. 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c). INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gove rise to immediate DUE TO couse (o), stoting the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN LY PART/1(0) 19. WAS AUTOPSY PERFORMED? 20a. ACCIDENT WAS UNDERLYING [20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Port II of item 18.) OR CONTRIBUTING | CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, 20e. PLACE OF INJURY (Home, form, 20f. (City or town) 20d. INJURY OCCURRED Doy, Year (County) (Stote) foctory, street, office bldg., etc.) Hour o. m While Not while ot work of work p. m 21. I certify that (1) (this haspital) attended the deceased fram. 19 66 that (1) (we) last 19,00 and that death occurred at _____M, fram the couses and an the date stated above. saw the deceased alive on 220-SIONATURE 22b. DATE SIGNED ATTENDING STAFF FUNERAL DIREC M.D. PHYS. DIRECTOR [PHYS. 22c. PHYSICIAN'S 22d. ADDRESS O HOSPITAL DATE THEREOF OR CREMATORY 23d. LOCATION (City, town, or county) 23o. BURIAL, CREMATION, 23b. 23c. NAME OF CEMETERY (Stote) EMOVAL (Specify) Mo 0 25b. REGISTRAR'S SIGNATURE 2So. REC'D BY REGISTRAR VR A1S (4) 1SM 9/S9

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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and Thany event, within 72 hours after death.

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH CERTIFICATE OF DEATH COUNTY A STAIF D. COUNTY Prince George

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			1 De	2		M.D.	ATTENDING PHYS.	MED. DIRECTOR	STAFF PHYS.	1 2 -	26	0	
	1	22c. PHYSICIA NAME (Ty	100	-			22d. ADDRESS						
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i i	ding pl Then remova		William Pyles Emmaline Price					
93	attending permit. Then	15. (Ye	WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address	_				
leat	permit.		No. No. (If yes give war or dates of service) None Wilber E. Disney 1711 Overlook Dr., S.S., Mo	L.				
he	y th sit mat	-	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY:	N				
nat t	signed by the urial-transit urial, crema		IMMEDIATE CAUSE (a) Chilippolishing Ilan Jases 10/max	-				
es tl hysi	sign burial burial		DUE TO Conditions, If any, which \ (b)					
quir ng p	the burto bu		geve rise to immediate (b) DUE TO					
w re	as the prior		underlying cause last. (c)					
The 1 or all cate 1 cate 1 r use lealth		TION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPS PERFORMED?	Y				
		FICA	YES NO [20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part or Part of item 18.)	H				
PHYSICIAN: the hospita	certification of the of	CERTIFICATION	20a. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH OR CONTRIBUTING CAUSE OF DEATH					
HYSI he h	this ce detache e Dept.	CAL	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State)					
5 4	of the deposit of the	MEDICAL	Hour a.m. While Not While at work factory, street, office bldg., etc.)					
ATTENDING retained by cTOR: Aften should be vith the Stal	R: Af		21. I certify that (I) (this hospital) attended the deceased from 7// 1965, to 5/2 , 1966, that (I) (we) la					
etai	ECTOR: 3 shoul with the		saw the deceased alive on 5/2 1966, and that death occurred at 7. M, from the causes and on the date stated above 22a. SIGNATURE 22b. OATE SIGNED	/0.				
DR P P P P P P P P P P P P P P P P P P P	ol wed w		Earl W. Grack M.D. ATTENDING MED. STAFF DIRECTOR					
TAL	AL DIR		22c. PHYSICIAN'S NAME (Type) FARI IN CARETE ND 22d. ADDRESS NAME (Type) FARI IN CARETE ND 22d. ADDRESS	_				
HOSPITAL Page 4 may	O FUNERAL DIRECTOR: After this director, page 3 should be defact should be filed with the State Dep		- ALL W. CT FILL III LICO MENON IL. W. Hypurnia, 11 a.					
10 H	dire sho	23a	REMOVAL (Specify)					
	A	24.		_				
	A15 (4)	Va	rner E. Pumphrey, Inc. 8434 Ga. Ave., S.S., Mankey 9 1966 Charles Judge					
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STOP OF SERVICE STATE STATE AND THE SECOND S

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DEPT PLACE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) o COUNTY o. STATE b. COUNTY 2, ond 3 to PM3. Poge delay is ond 3 to 10 Prince George's

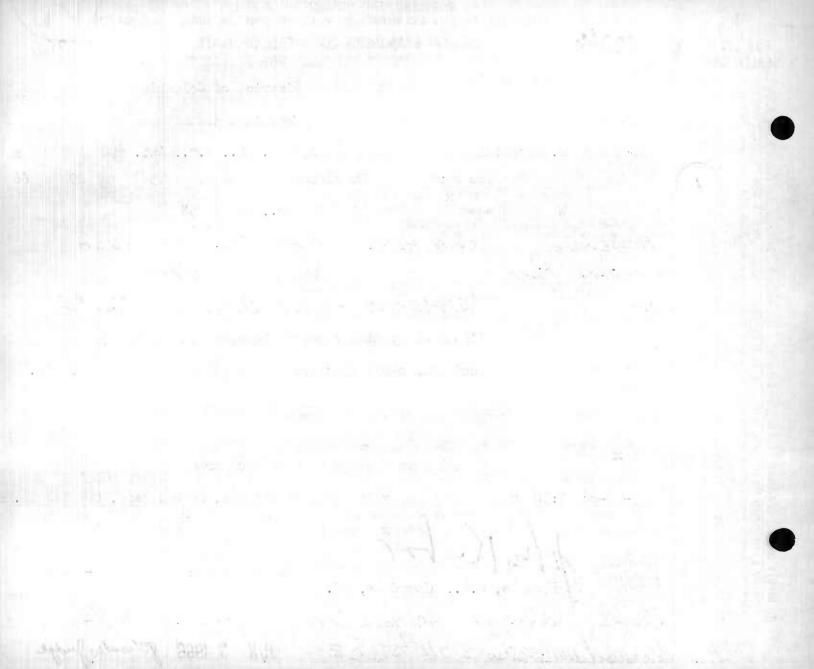
b. CITY OR TOWN (If outside carporate limits,
write RURAL and give nearest town) MARYLAND Maryland Prince George's c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) after Forest Heights Cheverly DOA d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) e. IS RESIDENCE ON A FARM? Office along with form hours Stote [YES NO X pencil in Item 18. Give Pages Prince George General Hospital 11 Delaware Drive 24 hours ofter death. 3. NAME OF Middle Lost 4 DATE Year within 72 Day DECEASED William Calvin Sr 19 66 (Type or print) Disney DEATH 9. AGE (In years 5 SEX B. DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS 6 COLOR OR RACE 7. MARRIED NEVER MARRIED lost birthdoy) Months Doys Hours WIDOWED DIVORCED and 2 25 Sept. 1895 Male White 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired) C Marbenter COUNTRY? Maryland pending" in pencil in of Medicol Exominer's 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME be executed within Rachael L. Disney Nicholas M. Disney and 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no or unknown) (If yes give wor or dates of service) or removal. Mary G. Disney (Wife) Same as # 2. 1B. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0) Acute coronary occlusion, anterior descending. Word This certificate should cremation, DHE TO Conditions, if ony, which gove (b) Arteriosclerotic heart disease unknown writing the rise to immediate couse (a). DUE TO stoting the underlying couse burial, PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? CERTIFICATION YES X please execute the certificate, NO F designated ogent, prior to 20o. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) PRIMARY Or CONTRIBUTING CAUSE OF DEATH. 20c. TIME OF INJURY Month, Doy, Yeor 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) 5 may be retained for 1.2.

TO FUNERAL DIRECTOR: Page 3

Health or its designated agen foctory, street, office bldg., etc.) Not While of work ot work 21. I certify that I taak charge of the remains described above, held an Autapsy Inspection x Inquiry x and in my apinian the funeral director. death resulted fram: Naturah causes 20. Accident Suicide . Hamicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE DEPUTY MEDICAL EXAMINER **EXAMINER'S** Kehoe, M.D. Riverdale, Md. NAME (Type) John Address (Street, city, town, or county) 230. BURIAL, CREMATION REMOVAL (Specify) 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23b. DATE THEREOF (County) (Stote) Bladnesburg, Maryland Fort Lincoln Cemetery May 5th 1966 25b. REGISTRAR'S SIGNATURE 24. FUN RAL DIRECTOR ADDRESS 2So. REC'D BY REGISTRAR VR A15ME (5) Bros. 1661- Gd. Hope Rd. SE. Wash., DC DAMAY

TOTAL SERVICE SERVICE

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 07345 **FOR STATE** MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission). o. COUNTY g. STATE b. COUNTY 2, and 3 to PM3. Page Pronce George of death. MARYLAND District of Columbia
c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) b. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 16 after Clinton DOA d STREET ADDRESS d. NAME OF HOSPITAL OR INSTITUTION (II nat in haspital, give street address) IS RESIDENCE ON A FARM? Office olong with form hours YES NO ote Southern Md. Hospital hours after death. 3. NAME OF 4 DATE Day Year DECEASED Bernice Park Donaldson 29 66 within 19 (Type or print DEATH S. SEX 6. COLOR OR RACE 7. MARRIED T NEVER MARRIED B. DATE OF BIRTH AGE (In years IF UNDER 1 YEAR | IF UNDER 24 HRS. last birthday) Manths Mar., WIDOWED ond 2 event 1Da. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b, KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? pending" in pencil in of Medicol Examiner's any HOUSEWIFE pencil i FATHER'S NAME 14. MOTHER'S MAIDEN NAM be executed within 2 pup 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, na, ar unknown) ((If yes give wor or dotes of service) removol 1B. CAUSE OF DEATH (Enter only one cause per line far (a), (b), and (c).) INTERVAL BETWEEN buriol-transit PART I. DEATH WAS CAUSED BY: ONSET AND DEATH IMMEDIATE (AUSE (a) Bilateral frontal subdural hematoma (contracoup) Or word This certificate should cremotion, Canditions, if any, which gove (b) Occiputal skull fracture 30 min. rise to immediate cause (a), DUE TO stoting the underlying cause burial, PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 19. WAS AUTOPS PERFORMED? pleose execute the certificate. YES 50 NO 0 20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I at Port II of item 18.) PRIMARY ar CONTRIBUTING CAUSE OF DEATH Fell down 8 steps to boat dock area MEDICAL 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm, 20f. (City or town) (County) (State) in front oc cottage, Cobb Island, Charles Co.Mc Not While FUNERAL DIRECTOR: Poge 7:30 at wark at wark 21. I certify that I took Marge of the remains described above, held an Autapsy X Inspection X Inquiry X ond in my opinion the funeral directar. death resulted fram: Natural causes Accident X Suicide ' Homicide Undetermined manner CHIEF MEDICAL EXAMINER **ACTUAL** 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE O DEPUTY 5-30-66 DEPUTY MEDICAL EXAMINER C **EXAMINER'S** John Kehoe, M.D., Riverdale, Md. Health NAME (Type) Address (Street, city, town, or county) BURIAL, CREMATION. 23d LOCATION (City or Town) (County) (State) 50 REMOVAL (Specify) RLINGTON 25b. REGISTRAR'S SIGNATURE FUNERAL DIRECTOR 2Sa. REC'D BY REGISTRAR VR A15ME (5) Ochanles 6M 1/66



DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH death. funeral and 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) a. COUNTY b. COUNTY after after Prince George's by the f Prince George's Maryland MARYLAND b. CITY OR TOWN (if outside corporate limits, write RURAL and give pearest town)

Cheverly c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b hours Mt. Rainier 2 days .= e. IS RESIDENCE ON A FARM? filled d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS within 72 Prince George's General Hospital 3719 Wells Ave. NO X YES completely f executed within carbon -3. NAME OF Last DATE Month Middle Day DECEASED 1966 Florence E. Doney 13 May (Type or print) DEATH 6. COLOR OR RACE | 7. MARRIED 5. SEX 8. DATE OF BIRTH AGE (In years | IFUNDER 1 YEAR | IFUNDER 24 HRS. NEVER MARRIED last hirthday) Months 2/27/05 Days Hours White Female WIDOWED J DIVORCED -10a. USUAL OCCUPATION (Give kind of workdone during most of working life, even if retired) INDUSTRY 12. CITIZEN OF WHAT 11. BIRTHPLACE (County & State, or foreign country) attending physician rmit. Then please COUNTRY? certificate be and Washington. U.S.A. Salesldav Avon Corp. D.C. removal, 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Mary Thorn Morris Woulfe 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16. SOCIAL SECURITYNO, I Address ed by the attenctransit permit. death (Yes, no. or unkown) (If yes give war or dates of service) 60th St., 577-09-2212 Joseph H. Burch Sr. 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN auderdal **OR ATTENDING PHYSICIAN:** The law requires that the be retained by the hospital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the director, page 3 should be detached for use as the burial-transit should be filed with the State Dept. of Health prior to burial, cremater the state of the sta ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a DUE TO Conditions, if any, which gave rise to immediate DUE TO cause (a), stating the underlying cause last. CERTIFICATION WAS AUTOPSY PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) PERFORMED? YES NO I 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury in Part I or Part II of Item 18.) OR CONTRIBUTING | CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20c. TIME OF INJURY Month, Day, Year 20d, INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) factory, street, office bldg., etc.) Hour a.m. While Not While at work at work 21. I certify that (I) (Mis.)hospital) attended the deceased from May 11 1966 to May 13 ____, 19.66_, that (I) (we) last 1966, and that death occurred at 7:10M, from the causes and on the date stated above. saw the deceased alive on May 13 22a. SIGNATURE 22b. DATE SIGNED ATTENDING MED. DIRECTOR STAFF PHYS. Page 4 may b M.D. PHYS. 22d. ADDRESS PHYSICIAN'S NAME (Type) 3308 BURIAL, CREMATION, REMOVAL (Specify) 23c. NAME OF CEMETERY OR CREMATORY LOCATION (City, town or county) (State) 23b. DATE THEREOF Ft. Lincoln Cem. Colmar Manor, Md. Burial 25a. REC'D BY REGISTRAR 24. FUNERAL DIRECTOR 25b. REGISTRAR'S SIGNATURE Nalley's Rainier, VR A15 (4) Maryland Inc. Funeral Home Marles Judge 15M 4-64

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MARYLAND STATE DEPARTMENT OF HEALTH DINISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1. MARYLAND CERTIFICATE OF DEATH funeral 2 death. eath. 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution; Residence before admission) a. COUNTY b. COUNTY hours after Pr. Geo. Maryland Pr. Geo the MARYLAND b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) C. LENGTH OF STAY IN 1b t.Rainier Rainier vrs. 프 bon papers. within 72 h filled i d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) e. IS RESIDENCE d. STREET ADDRESS ON A FARM? 24 4214 34th 34th St. YES NO X executed within completely Year 3. NAME OF 4. DATE Month Day First Middle Last and com, remove carbo DECEASED John DEATH 19 66 (Type or print) G. Drehmel Mav 6. COLOR OR RACE | 7. MARRIED | NEVER MARRIED DATE OF BIRTH AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS. 5. SEX last birthday) | Months | Davs Hours Male Whi te WIDOWED [DIVORCED 12. CITIZEN OF WHAT physician and please reval, and in 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 11. BIRTHPLACE (County & State, or foreign country) Ξ 10b. KIND OF BUSINESS OR COUNTRY? death certificate be INDUSTRY Retired Wisconsin U.S.A. rarmer removal, 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME William Drehmel Henrietta Guell 17. INFORMANT 15. WAS DECEASED EVER IN U.S. ARMED FORCES? Address 16. SOCIAL SECURITY NO. signed by the attend burial-transit permit. burial, cremation, or r (Yes, no, or unkown) (If yes give war or dates of service) Mrs. Edith Drehme (above No addrass INTERVAL BETWEEN CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] Wife) ONSET AND DEATH PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a). PHYSICIAN: The law requires that the hospital or attending physician. **DUE TO** mas huky accident TO FUNERAL DIRECTOR: After this certificate has been sig director, page 3 should be detached for use as the buri should be filed with the State Dept. of Health prior to buri Conditions, if any, which gave rise to immediate - 145 devotes cause (a), stating the underlying cause last WAS AUTOPSY PERFORMED? CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. NO F YES 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL (State) (County) 120e. PLACE OF INJURY (Home, farm, 20f. (City or town) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED factory, street, office bldg., etc.) Hour a.m. While Not While OR ATTENDING F at work 19 at work 21. I certify that (I) (this hospital) attended the deceased from and that death occurred at M, from the causes and on the date stated above. saw the deceased alive on ona 22b. DATE SIGNED 22a SIGNATURE ATTENDING STAFF M.D. DIRECTOR PHYS. PHYS. Page 4 may PHYSICIAN'S 22d. ADDRESS 22c. Baltimore Ave. S. Clayman, M.D. NAME (Type) David Riverdale. 23d. LOCATION (City, town or county) (State) 23c. NAME OF CEMETERY OR CREMATORY DATE THEREOF 23a. BURIAL, CREMATION, 23b. REMOVAL (Specify) Colmar Manor, Md. Lincoln Cometery Buris REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE er25a. 24. FUNERAL DIRECTOR Levis Na Maryland VR A15 (4) Funeral Home 15M 4-64

MANUFACTURE TO MANUFACTURE

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH requires that the death certificate be executed within 24 hours after death. death and campletely filled in by the funeral remave carban papers. Pages 1 and 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence befare admission) PLACE OF DEATH a. COUNTY a. STATE b. COUNTY Prince George's Maryland Prince George's signed by the attending physician and campletely filled in by the fur burial-transit permit. Then please remave carban papers. Pages 1 burial, crematian, ar removal, and in any event, within 72 hours after MARYLAND c. CITY OR TOWN (If outside carparate limits, write RURAL and give nearest town) b. CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 1b write RURAL and give nearest tawn) Hvattsville Hvattsville month d. NAME OF HOSPITAL OR INSTITUTION (If nat in haspital, give street address) d STREET ADDRESS e. IS RESIDENCE ON A FARM? 8910 Riggs Road 8910 Riggs Road YES NO A 4. DATE 3. NAME OF Middle Lost Month Day Year Pauline) DECEASED Mother May 1966 DEATH (Type or print) Duhsime lice 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH last birthday) Months Dovs Hours Dec. 14, 1884 WIDOWED DIVORCED 10a USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT INDUSTRY COUNTRY? during mast of working life, even if retired) U.S.A. Religious Order Danada Teaching 13 FATHER'S NAME 14. MOTHER'S MAIDEN NAME Gaudiose Duhaime Josephine Boulanger 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, na, ar unknawn) ((If yes give war ar dotes af service) Address 8910 Riggs Road Hyattsville, Md 16. SOCIAL SECURITY NO. 17. INFORMANT Mother Mary Armand INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) signed by the burial-transit p ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Carcinoma stomach with metastases IMMEDIATE CAUSE (a). Page 4 may be retained by the haspital ar attending physician. DUE TO Conditions, if ony, which gove rise ta immediate couse (o). DUE TO far use as the b f Health priar ta b stoting the underlying couse TO FUNERAL DIRECTOR: After this certificate has been last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS AUTOPS)
PERFORMED? CERTIFICATION with the State Dept. of Health Arteriosclerotic heart disease YES NO X 20a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II af item 18.) detached none (IF EITHER, NOTIFY MEDICAL EXAMINER) (City or town) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e, PLACE OF INJURY (Hame, farm, (County) (State) Hour o.m. Not While factory, street, office bldg., etc.) none at wark at wark none 21. I certify that (1) (this haspital) attended the deceased fram April 5 , 19 66, to May 1 , 19 66 that (I) (we) last 19 66, and that death accurred at 1:30 M, from causes and an the date stated above. saw the deceased alive an 22b. DATE SIGNED 220 SIGNATURE May 1, 1966 DIRECTOR directar, page 3 shauld be filed v M.D. 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) James R. Goodson. M.D. 1746 K St. N.W. Washington D.C. 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23a. BURIAL, CREMATION, 23b. DATE THEREOF (County) (State) REMOVAL (Specify)
BURIAL 5-6-56 Regina Convent Gemetery, HVATTSVTLIE

ADDRESS WASH. D. C. | 250. REC'D BY REGISTRAR | 25b. REGISTRAR'S SIG 24. FUNERAL DIRECTOR VR A15 (4) 20 M 1/66 J. COLLINS 3821 14TH. BT., N.W. DATE MAY

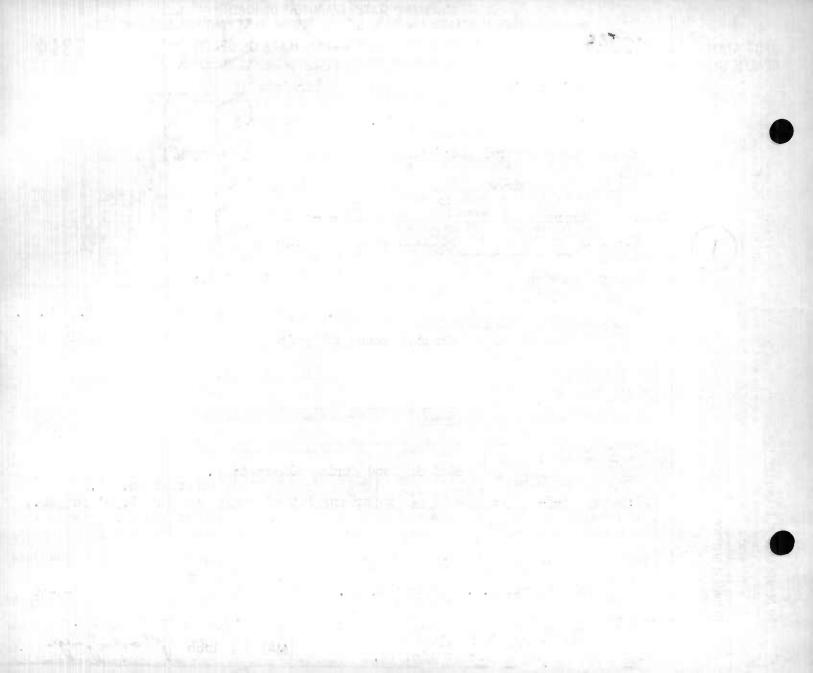
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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 07345 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DEPT. 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) o. COUNTY
Prince George's o. STATE Virginia delay is ond 3 to MARYLAND b. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest tawn)

Cheverly c. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest tawn) c. LENGTH OF STAY IN 1b. 50 min. Alexandria d. NAME OF HOSPITAL OR INSTITUTION (If nat in haspital, give street address) d STREET ADDRESS e. IS RESIDENCE ON A FARM? hours Office along with form in Item 18. Give Poges Prince George General Hospital 214 Buchanan Street YES NO TX 24 hours after death. 3. NAME OF 4 DATE Manth Doy Year DECEASED (Type or print) Dunston DEATH Andrew S. SEX 6. COLOR OR RACE 7. MARRIED x NEVER MARRIED 8. DATE OF BIRTH AGE (In years IF UNDER 1 YEAR IF LINDER 24 HRS last birthday) WIDOWED DIVORCED 1-5-1943 Male Negro

10a. USUAL OCCUPATION (Give kind af wark done 7 1Db. KIND OF BUSINESS OR 11. BIRTHPLACE (State or fareign country) 12. CITIZEN OF WHAT during most of working life, even if retired)

Laborer Construction COUNTRY? North Carolina Chief Medicol Exominer pencil 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME should be executed within Andrew Dunston Lonnie Alston IS. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) ((If yes give wor or dotes of service) 16. SOCIAL SECURITY NO. 17. INFORMANT Address or removal, No Mrs. Ollie Dunston, 214 BuchananSt.Alex.Va. 18. CAUSE OF DEATH (Enter only one couse per line far (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY: INTERVAL SETWEEN m PHIST AND BEATH Gunshot wound of brain IMMEDIATE CAUSE (a) writing the word burial, cremation, DUE TO Canditians, if any, which gave rise ta immediate cause (a). DUE TO stating the underlying cause 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) CERTIFICATION YES X the certificate, NO agent, prior to 20a. EXTERNAL CAUSE WAS 2Db. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) PRIMARY XX or CONTRIBUTING CAUSE OF DEATH. Shot in head during altercation. OCCURRED 2De. PLACE OF INJURY (Home, form, 2DF of Stville, Modnly) (St. Nat While at work & Parking lot of Evans Bar & Grill, D'Arcy Rd. 20c. TIME OF INJURY Manth, Day, Year 2Dd. INJURY OCCURRED Hour o.m. 5 moy be retained for your O FUNERAL DIRECTOR: Page Health or its designated age While ot wark 11:50pmm. 21. I certify that I taak charge of the remains described above, held an Autopsy 🔀 , Inspection 🔀 Inquiry 🔀 and in my apinian death resulted fram: Natural Lauses Accident Suicide . Hamicide x Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE DEPUTY MEDICAL EXAMINER **EXAMINER'S** John Kehoe, M.D. Riverdale, Md. Address (Street, city, tawn, ar county) NAME (Type) 230. BURIAL, CREMATION, REMOVAL (Specify) Burial 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Tawn) (County) Family Cemetery Wilson, North Carolina 2Sa. REC'D BY REGISTRAR 256 REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR 1966 VR A15ME (5) Greene Funeral Home, 6M 1/66 Alexandria. Va.



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hours after death d in by the funera rs. Pages 1 and 2 2 hours after death	1.	PLACE OF DEATH a. COUNTY	2. USUAL RESIOENCE (Where deceased lived, If institution: F a. STATE b. COUNTY	tesidence before admission)
fter the 3s 1	_	PRINCE GEORGE MARYLAND		
Page		b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)		
hour f in S.	_	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address	RT. 2 BOX2119 UPPER MARLE	BORO / G - /
Illed In 72				e. IS RESIDENCE ON A FARM?
ili de la	3.	PRINCE GEORGE GENERAL HOSPITAL NAME OF First Middle		YES NO Day Year
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ed comp	5.	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years IF UNDER	14 19 66 1 YEAR IF UNDER 24 HRS.
xecut any enov		MIDOMED A	last birthdey) Months	Days Hours Min.
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e be sicla lease and	dur	- · · · · · · · · · · · · · · · · · · ·	M (c)	QUNTRY A
icate be physica n pleasi val, and	13.	FATHER'S NAME	14. MQTHER'S MAIDEN NAME	14 34 111
rtific ng p Then mov	6	Damuel S. Eader	Carrie Hawkin	<
cel t. J	15	WAS DECEASED EVER IN U.S. ARMEO FORCES? 16. SOCIAL SECURITY NO. 1	7. INFORMANT Address	1)(0)
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he of the sit partition		18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	2 -	INTERVAL BETWEEN ONSET ANO OEATH
at ti ian. d by rang crei		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebro V asonl	m Ucarlest	dans
the ysic gree ial-tial, ial,		33/X DUE TO On	0 7 .	
n si bur		conditions, if any, which gave rise to immediate (b)	arleno Sclerons	yells
N: The law requirate or attending liftcate has been fiftcate the been fitter in the been fearth prior to be the fearth p		cause (a), stating the DUE TO		0
aw Hten has as as	N	underlying couse last. (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO OEATH BUT NOT R	ELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(2)	119. WAS AUTOPSY
he lor alte	ATI	TANTIN OTHER SIGNITIONS OF THE POPULATION OF THE	ELATED TO THE TERMINAL DISEASE CONSTITUTION OF ENTITY AND A(a)	PERFORMED?
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PHYSICIAN: The la the hospital or att this certificate h detached for use a e Dept. of Health p	CERTIFICATION	20a. ACCIOENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	oodings. (and nataro of injer) in fact to the trother a	,
HYSI He ho his stack Dept		20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e.	PLACE OF INJURY (Home, farm, 20f. (City or town) (Con	unty) (State)
HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the Page 4 may be retained by the hospital or attending physician. FUNERAL DIRECTOR: After this certificate has been signed by director, page 3 should be detached for use as the burial-transhould be filed with the State Dept. of Health prior to burial, creating the state Dept.	MEDICAL	Hour a.m. While Not While fa	ctory, street, office bldg., etc.)	
ATTENDI e retained RECTOR. A 3 Should with the		21. I certify that (I) (this hospital) attended the deceased from-	5-12, 1966, to 5-14, 19	that (I) (we) last
OR ATTEND or ATTEND y be retained DIRECTOR.		saw the deceased alive on 19 66 and t	hat death occurred at the causes and on t	he date stated above.
De r De s d w		22a. SIGNATURE	ATTENOING MED. STAFF	/ J / / /
AL OR nay be page page filed	100		M.D. PHYS. DIRECTOR PHYS.	114/00
ro Hospital Page 4 may O FUNERAL director, pa		PHYSICIAN'S NAME (Type) ZENALDA C. PAGAD	ASYM!	
Page Page FUI firec	23a	BURIAL CREMATION, 23b. OATE THEREOF 23c. NAME OF CEMET	ERY OR CREMATORY 23d, LOCATION (City, town or co	unty) (State)
of of the		1/1ay 1/1966 114. Qu	ret Kashington.	N.C.
	24	FUNERAL DIRECTOR ADORESS	25a. REC'O BY REGISTRAR 25b. REGISTRAR	'S SIGNATURE
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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please prove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and any event, within 72 hours after death.

DIVISION OF STATISTICAL RESE	ARCH AND RECORDS	PARTMENT OF HEALTH 6, 301 W. PRESTON STREET, E OF DEATH	
PLACE OF DEATH a. COUNTY Prince Georges	MARYLAND		sed lived, If institution: Residence before admission b. COUNTY Prince George:
b. CITY OR TDWN (if outside corporate limits, write RURAL and give nearest town) **PATE RURAL AND REPORT REPORTS PATE RIVER PATE R	c. LENGTH OF STAY IN 1b		rate limits, write RURAL and give nearest tow
d. NAME OF HOSPITAL OR INSTITUTION (if not in I		d. STREET AOORESS	e. IS RESIDENC

4.	a. COUNTY					a. STATE	GE (Where	b. COU		sidence 1	serore ad	mission)
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	POTTERE!		verdale	3 days		College			_/	6-1	1	
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		eland Me		Hospital		9505 49t	h Pla			YI	ES 🗌	ND X
3.	NAME DF DECEASED (Type or print)		First	Middle	- 91	Last	4. DA		th	Oay	Yea	
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		100000000000000000000000000000000000000	7. 1117.111	RIED NEVER MARRI				last birthday)		Oavs	Hours	Min.
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10	Housewif			mas .		Arkansas			U	. S.	A.	
13.	. FATHER'S NAM					14. MOTHER'S MAI						
	David Pa	ul Ziegl	Ler			Ollie Flo	rence	e Morris				
	es, no, or unkown)			16. SOCIAL SECURITY N	0. 17.	INFORMANT		Addre	ss			
	No	(11 yes give war or	uates of service)		C	hart						
	18. CAUSE OF	OEATH [Enter o	nly one cause	per line for (a), (b), and	(c).]	-				INTER	VAL BET	TWEEN
		EATH WAS CAUS	ED BY:	AMYUTRO	4 1	C LAT.	SCL	EROSI S		ONSE	T AND E	DEATH SHI
	356	,	OUE TO								-	
	Cenditions, If	any, which \	(b)									
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	cause (a), st underlying caus											
8			(c) NOITIONS CONT	RIBUTING TO DEATH BUT	NOT RELA	TEO TO THE TERMINAL	DISFASE	CONDITIONGIVEN IN	PART 1(a)	119.	WAS AU	TDPSY
ATI					HOT KEEK	, 20 10 1112 121,	5,02,02,0	30,,011,011,011			PERFOR	MED?
12	202 ACCIDENT	WAS UNDERLYI	NG [] 26	b. DESCRIBE HOW INJ	IIRY OCCII	DRED (Enter nature o	f Inhery le	n Part I or Part II	of Item 18	YES	Ц_	ND []
CERTIFICATION	OR CONTRIBUTI	NG CAUSE D	F DEATH EXAMINER)	b. besource now my	OKT OCCO	KKED. (LIILEI IIALAIO O	n injury n	ii rait i oi rait ii	or rem 10.,			
MEDICAL	20c. TIME OF	INJURY Month,	Oay, Year 2	od. INJURY OCCURRED	20e. PLA	CE OF INJURY (Home, f	arm, 20	f. (City or town)	(Cour	nty)	(S	state)
8	Hour a.m			hile Not While at work	tacto	ry, street, office bldg.,	etc.)					
Σ	p.r				-	OMAL	del	to 10 hory	10/16	Ab.	A (1) (a	ve) last
		ceased alive o	100 4	tended the deceased		death occurred at						
	22a. SIGNATUR		2 6	1910	and that	death occorred at	/ J-1VI,	, Itulii tile causes		TE SIGI		anove.
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m	22c. PHYSICIA		- 1 /	1-10		22d. ADDRESS	P		1 &	11		
	NAME (T)	/pe)	C-J, t	TOUMANN			1	LVERDA	<i>- G</i>	MI),	
23	a. BURIAL, CREM REMOVAL (Spe		OATE THEREOF	23c. NAME OF	CEMETERY	OR CREMATORY	23d.	LOCATION (CIty, t	own or cou	nty)	(St	ate)
	Buri		13/66	Prospe	ct H	ill Cem	Wa	sh Dr				
24	. FUNERAL DIRE		lley's			aini⊖h ^{25a.} RE	C'O BY R	EGISTRAR 256.	EGISTRAR'S	SIGNA	TURE	
	Funeral	1 Home	Inc.	Maryla		DAYLAY	16	1966 80	Carle	1 Ju	LE	

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M		MARYLAND STATE DEP DIVISION OF STATISTICAL RESEARCH AND RECORDS, 07352 CERTIFICATE	PARTMENT OF HEALTH 301 W. PRESTON STREET, BALTIMORE 1, MA OF DEATH	RYLAND 07347
		PLACE OF DEATH a. COUNTY Prince Georges MARYLAND	2. USUAL RESIDENCE (Where deceased lived, If Institutions R. a. STATE Md., b. COUNTY P.G.	esidence before edmission)
		b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 write RURAL and give nearest town) Hyattsville 19473	c. CITY OR TOWN (If outside corporate limits, write RURAL and	give nearest town) // / / e. IS RESIDENCE
40		d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) 4001 Clagett Road	4011- Clagett Rd	ON A FARM?
	3.	NAME OF DECEASED (Type or print) Elsie Rimmer	Last 4. DATE Month OF DEATH M24	Doy Your /2 1966
	-	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8 Female White Widowed Divorced	May 8, 1881 9. AGE (In years IF UNDER 1 Months Months IF UNDER 1 Months IF	YEAR IF UNDER 24 HRS. Days Hours Min.
	1Da	e. USUAL OCCUPATION (Give kind of work one during most of working life, even if retired) Howsewife Own Home	Philadelphia, Pa	ZEN OF WHAT COUNTRY? USA.
	13.	Charles C Long	Mary Ann Miller	
		WAS DECEASED EYER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. 18. (Ifyes give war or dates of service)	NFORMANT Address 4011 C	lagett RL
		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Arterioscle	rotic Heart Disease	ONSET AND DEATH
		Conditions, if any, which		
		gave rise to immediate cause (a), stating the underlying cause last.		
	ATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO Hypertension: Osteo 2	of related to the terminal disease condition given in part rthritis	1(e) 19. WAS AUTOPSY PERFORMED?
0	CERTIFICATION	20a. ACCIDENT WAS UNDERLYING [] OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	, (Entar nature of injury in Part I or Part II of item 18.)	
	MEDICAL		CE OF INJURY (Home, farm, 2Df. (City or town) (Cou-	nty) (State)
		21. I certify that (I) (this hospital) attended the deceased from saw the deceased alive on May 12 1944, and that	death occurred at P.M. from the causes and on the	he date stated above.
		228. SIGNATURE	ATTENDING MED. STAFF DHYS. DIRECTOR PHYS.	22b. DATE SIGNED
/		22c. PHYSICIAN'S NAME (TYPR) W. H. CLEMENTS	22d. ADDRESS COOI - 35+4 Ave. Hy 2-	ttsvilla, Md
	23	I. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY REMOVAL (Specify)		
	24	Surial 5/16/66 West Laurel ADDRESS ADDRESS ADDRESS	25a, REC'D BY REGISTRAR 25b, REGISTRAR'S	Pa. GIGNATURE
	-	Francis Gasch's Sons Hyattsville, Md.	MAY 16 1966 fcharles	Judge

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Francis Goseb's Sons Tyausville, Add, MAY 16 756 6 6 6 6 6 6

2 1 (N	A	MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MAP	RYLAND
5 =02	2	07353 CERTIFICATE OF DEATH	07348
after death. the funeral ges 1 and 2	-	1. PLACE OF DEATH a. COUNTY b. COUNTY c. STATE b. COUNTY	
er c		Prince George MARYLAND a. STATE Maryland b. COUNTY Prince	ce Georg
		b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) C. LENGTH OF STAY IN 1b C. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	give nearest town)
hours after d in by the f rs. Pages 1		Laurel 20 yrs. Laurel, Oak Crest	6-1
4 h lled pers 72 l		d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street eddress) d. STREET ADDRESS	e. IS RESIDENCE ON A FARM?
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ited within 24 hou completely filled in we carbon papers.		DECEASED (Type or print) ROBERT C. FORD DEATH May 11,	19 66
uted w comple ove car	3	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years IFUNDER 1 YE Months Day Months Month	
and cremov		M Negro widowed Divorced Apr. 12, 1899 or yrs.	EN DF WHAT
sath certificate be e attending physician a rmit. Then please ri on, or removal and)	during most of working life, even if retired) INDUSTRY	JRY?
al ple	1	13. FATHER'S NAME 14. MDTHER'S MAIDEN NAME	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
ng p Then mov		Charles Ford Ella ?	
endi it.]		15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SDCIAL SECURITY ND. 17. INFORMANT (Yes, no. or unknown) 1/16 yes nive way or dates of service)	
leath e att oor, o		Naomi Ford (wife) same as i	item #2
The law requires that the death certificate be executed within or attending physician. Sate has been signed by the attending physician and completely ruse as the burial-transit permit. Then plasse remove carbon is all the prior to burial, cremation, or removal/and in any event, with		18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) OCCURATION	NTERVAL BETWEEN ONSET AND DEATH
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y physical single stress physical single stress physical stres		Conditions, If any, which gave rise to immediate (b) the terrostleurs	10 du.
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atten has e as			19. WAS AUTOPSY PERFORMED?
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AidTho		PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury in Pert I or Part II of Item 18.) CR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	
PHYSICI the hos this ce detache e Dept.		20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, Hour a.m. While at work 19 at work at work 19 at	(State)
JING PH d by th After t d be de state			
ATTENDING retained by CTOR: After should be vith the Stat		21. I certify that (I) (this hospital) attended the deceased from 2000, 1959, to March 1966 saw the deceased alive on 4/27 1966, and that death occurred at 3/4 M, from the causes and on the	
ATT retar icTo 3 sh with		saw the deceased alive on 4/27 1966, and that death occurred at M, from the causes and on the	
		Much & Channel M.D. ATTENDING MED. STAFF DIRECTOR PHYS. 5/11	166
10 HOSPITAL Page 4 may O FUNERAL I director, pag should be fill	1	V22c. PHYSICIAN'S NAME (Type)	- 4
Page Full direction		23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county REMOVAL (Specify)	
11		Burial 4/16/66 Arlington National Arlington, 11's	ginia
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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 07354 MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT PLACE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution; Residence before admission) o. COUNTY o STATE h COLINTY delay is ond 3 to M3. Poge af death. Prince George's MARYLAND Maryland Prince George's Department b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest tawn) c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 2, ond PM3. after Riverdale Hvattsville DOA d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? hours along with form Stote Chamber's Funeral Home 823 Chillum Road YES NO X ofter death. NAME OF First Last 4 DATE Manth Dov Year DECEASED OF within Alexander Fox DEATH (Type or print) S. SEX 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS 6. COLOR OR RACE DATE OF BIRTH 7. MARRIED NEVER MARRIED last birthday) Months Dovs Hours X WIDOWED DIVORCED hours -5-1922 Item 1 Office event Male White 0 10g USUA) OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during mast af working life, even if retired) AGEN ILLINOIS 24 PURCHASING Onv pencil 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME be executed within c Exami MARGARET CHN File puo 17. INFORMANT LESTER 88-30 SIMUN ST QUEENS VILLAGE, NEW YORK IS: WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. (Yes, no, or unknown) ((If yes give wor ar dotes af service) removal UNKNOWN WWI E 18. CAUSE OF DEATH (Enter only one couse per line far (a), (b), and (c).) INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED 8Y: 50 IMMEDIATE CAUSE (a) Heart failure minutes word This certificate should cremation, DUF TO Conditions, if any, which gave (b) Arteriosclerotic heart disease unknown writing the 10 rise ta immediate cause (a), DUF TO stoting the underlying couse forworded OS buriol, nsed PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? please execute the certificate, NO 0 YES pe 20o. EXTERNAL CAUSE WAS 20h, DESCRIBE HOW INJURY OCCURRED, (Enter noture of injury in Port I or Part II of item 18.) prior pluods PRIMARY Or CONTRIBUTING should EXAMINER: CAUSE OF DEATH 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm, (City or town) (County) (State) Your Nat While factory, street, affice bldg., etc.) FUNERAL DIRECTOR: Poge at wark designated 21. I certify that I took charge of the remains described above, held on Autopsy Inspection x Inquiry x for ond in my opinion the funeral directar. death resulted fram-Natural) causes 3 Accident Suicide Hamicide Undetermined manner be retained CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE TO DEPUTY DEPUTY MEDICAL EXAMINER 0 **EXAMINER'S** John Kehoe, M.D. Riverdale, Md. 5-3-66 Health Address (Street, city, tawn, or county) NAME (Type) BURIAL, CREMATION. 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23h. DATE THEREOF (County) (State) REMOVAL (Specify) 0 ONG TELAND NATIONAL ONG ISCAND, 5-5-1966 IR LAWN 25b. REGISTRAR'S SIGNATURE 2So. REC'D BY REGISTRAR 24. FUNERAL DIRECT VR A15ME (5) 1966 6M 1/66

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral and 2 r death. death. 1. PLACE DF DEATH 2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) e. COUNTY b. COUNTY a. STATE after completely filled in by the 1 ve carbon papers. Pages 1 event, within 72 hours after MAR MARYLAND b. CITY OR TOWN (If outside corporate limits, write RURAL end give nearest town) c. CITY OR TOWN (if outside corporete limits, write RURAL end give nearest town) c. LENGTH OF STAY IN 1b hours WOOD ENTWOOD e. IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS NO X Taylor YES executed within DATE 3. NAME DE Middle Month Day Year DECEASED OF DEATH (Type or print) AGE (In years | FUNDER 1 YEAR | FUNDER 24 HRS DATE OF BIRTH remove SEX 6. COLOR OR MARRIED NEVER MARRIED last birthday) any (Months Days Hours 25. DIVORCED WIDOWED 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Ξ 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT pe COUNTRY? HOUSEWIFE that the death certificate FATHER'S NAME MOTHER'S MAIDEN NAME removal EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT has been signed by the atten as the burial-transit permit. prior to burial, cremation, or (Yes, no. or unkown) (If yes give war or dates of service) BRENTWOOD INTERVAL BETWEEN 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), end (c).]-ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary infarction min. OR ATTENDING PHYSICIAN: The law requires that the retained by the hospital or attending physician. DUE TO Coronary occlusion Conditions, if any, which (b) gave rise to immediate DUE TO cause (a), stating the underlying cause last. TO FUNERAL DIRECTOR: After this certificate has director, page 3 should be detached for use as should be filed with the State Dept. of Health prior (c) CERTIFICATION WAS AUTDPSY PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 119. PERFORMED? YES NO 20a. ACCIDENT WAS UNDERLYING OF CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Pert I or Part II of Item 18.) MEDICAL 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, 20f. (Clty or town) (County) (State) factory, street, office bldg., etc.) Hour a.m. While Not While at work at work 19 that (I) (we) last 21. I certify that (I) (this hospital) attended the deceased from and that death occurred at M, from the causes and on the date stated above. saw the deceased alive on 22b. DATE SIGNED 22a. SIGNATURE ATTENDING M.D. PHYS. DIRECTOR PHYS. Page 4 may PHYSICIAN'S 22d. ADDRESS NAME (Type) Levitsky Leon R. niar. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) BURIAL, CREMATION, 23b. DATE THEREOF REMOYAL (Specify) COLMAR MANOR, MARY BURIAL 24. FUNERAL DIRECTOR CEMETERY COLMAR MANGE, "HEY. 66 VR A15 (4) 15M 4-64

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH CARS OF DEATH after death. funeral and USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) CQUNTY the Tu b. COUNTY Prince George's Mary land Prince George's MARYLAND CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Page papers. Pagi hours Cheverly Seat Pleasant 1 day 드 d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) filled d. STREET ADDRESS e. IS RESIDENCE ON A FARM? completely fille we carbon pape event, within 7 Prince George's General Hospital 601 63rd Street NO X YES within 3. NAME DE DATE Middle Last Month Day Year DECEASED (Type or print) Sarah E (Sadie) Godfrey DEATH May 11 19 66 executed 5. SEX 6. COLOR OR RACE 8. DATE OF BIRTH 7. MARRIED NEVER MARRIED 9. AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS. last birthday) Months I Days Hours any White Female WIDOWED | 8/18/03 62 yrs. 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. KIND OF BUSINESS OR INDUSTRY = 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? and Maryland . S.A. Housewife physic certificate 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME removal Sally B. Dove Maurice Millburn 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address been signed by the attenthe burial-transit permit. death (Yes, no, or unkown) (If yes nive war or dates of service) William L. Godfrey 601 63rd Street 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c), INTERVAL BETWEEN PHYSICIAN: The law requires that the the hospital or attending physician. ONSET AND DEATH PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, If any, which (b) gave rise to immediate DUE TO r this certificate has been detached for use as the te Dept. of Health prior to cause (a), stating the underlying cause last. (c) CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY PERFORMED? YES ... NO T 20a, ACCIDENT WAS UNDERLYING DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part | or Part || of item 18.) OR CONTRIBUTING | CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL TIME OF INJURY Month, Day, Year 20d, INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (Clty or town) (County) (State) factory, street, office bldg., etc.) Hour a.m. After Id be d While Not While þ ATTENDING at work at work p.m. director, page 3 should be should be filed with the S be retained 21. I certify that (I) (this hespital) attended the deceased from 196 J. that (I) (mot last 19. . to. and that death occurred at 7:45M, from the causes and on the date stated above. saw the deceased alive on 22b. DATE SIGNED 22a. SIGNATURE ATTENDING PHYS. STAFF PHYS. 5/11/66 KX. Page 4 may b DIRECTOR M.D. 22c. PHYSICIAN'S 22d. ADDRESS NAME (Type) Dr. Peter Duus. M.D. 6124 Central Avenue, Capitol Heights, Md 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) BURIAL, CREMATION, 23b. DATE THEREOF REMOVAL (Specify) 0 5414-66 St Mathews Episcopale Burial 25b. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR **ADDRESS** 25a. REC'D BY REGISTRAR Suitland Wilhelm Funeral Home 4308 Suitland Rd VR A15 (4) Maryland 15M 4-64

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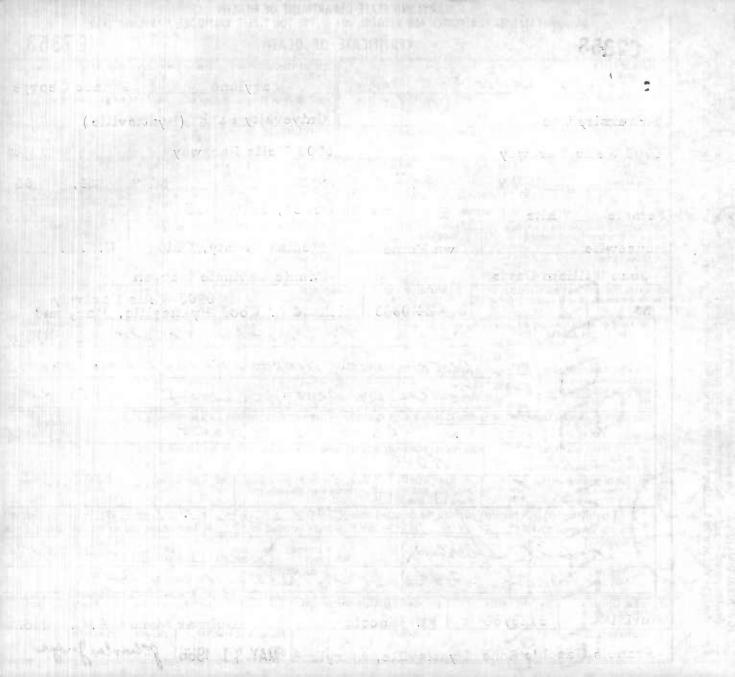
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 07357 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 07352 FOR STATE HEALTH DEPT. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) o. COUNTY a. STATE b. COUNTY Prince George's Maryland Prince George's MARYLAND b. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest tawn) c. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest tawn) c. LENGTH OF STAY IN 1b haurs after Cheverly Brandywine DOA e. IS RESIDENCE ON A FARM? YES NO d. NAME OF HOSPITAL OR INSTITUTION (If nat in haspital, give street address) d. STREET ADDRESS Rt.3. Box 217 Give Pages Prince George General Hospital 3. NAME OF 4. DATE Manth Year DECEASED OF 19 66 within (Type ar print) William Goldsmith DEATH Howard 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. S. SEX 6. COLOR OR RACE B. DATE OF BIRTH 7. MARRIED **NEVER MARRIED** lost birthday) Manths Days Haurs WIDOWED DIVORCED 29 Aug. 1900 haurs event White Male tem 11. BIRTHPLACE (State or fareign country) 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT during most of working life even if retired)
Tobacco Farming INDUSTRY COUNTRY? any e Maryland

14. MOTHER'S MAIDEN NAME Tenent pages in any 13. FATHER'S NAME pencil George A. Goldsmith Elizabeth Thompson File IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address Same as be executed (Yes, na, ar unknown) (If yes give war ar dates of service) ward "pending" i or remaval, Howard Leslie Goldsmith-Item #2 1B. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Heart failure writing the ward burial, crematian, 4200 DUE TO Conditions, if any, which gave (b) Arteriosclerotic heart disease over 4 mo. rise ta immediate cause (a), DUF TO This certificate stating the underlying cause 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) NO X YES | designated agent, prior ta 20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I ar Part II of item 1B.) PRIMARY ar CONTRIBUTING EXAMINER: CAUSE OF DEATH. 20c. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, (City or town) (County) (State) Haur o.m. factory, street, affice bldg., etc.) may be retained far your FUNERAL DIRECTOR: Page Nat While at wark 21. I certify that I taok charge af the remains described above, held an Autapsy Inspection x Inquiry 🔀 and in my apinian the funeral directar. Undetermined manner Natural causes (x) Accident . Suicide . death resulted fram: Hamicide | CHIEF MEDICAL EXAMINER 5 may be reta TO FUNERAL DIF Health or its d ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE DEPUTY MEDICAL EXAMINER **EXAMINER'S** John Kehoe, M.D. Riverdale, Md. Address (Street, city, town, or county) 5-8-66 NAME (Type) 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23a. BURIAL, CREMATION, 23d. LOCATION (City or Town) (Stote) BUYA (Sprify) 5/10/66 Immanuel Cemetery Horsehead Md. 2So. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR victories Judge VR A15ME (5) Ritchie Brothers Upper Marlboro, Md. DAMAY 18 6M 1/66

MARYLAND STATE DEPARTMENT OF HEALTH

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 07353 CERTIFICATE OF DEATH 07358 executed within 24 hours after death death. mpletely filled in by the funeral records and records 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) o. COUNTY a. STATE b. COUNTY Costell 'S Maryland Prince George MARYLAND b. CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside carparate limits, write RURAL and give nearest town) write RURAL and give nearest tawn) University Park (Hvattsville) University Park
d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d. STREET ADDRESS IS RESIDENCE ON A FARM? within 6908 Wells Parkway 6908 Wells Parkway YES NO TE 3. NAME OF 4 DATE Last Day Year DECEASED MAY EVA GOOD 66 (Type or print) DEATH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH Manths birthday) Days Hours Oct 31, 1879 WIDOWED 🔀 DIVORCED White Female 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT 11. BIRTHPLACE (County & Stote, or foreign country) law requires that the death certificate be during most of working life, even if retired) INDUSTRY COUNTRY? pup ottending physician permit. Then please Medina County, Ohio U.S. Housewife Own Home 14 MOTHER'S MAIDEN NAME 13. FATHER'S NAME John William Davis Fannie La Vinnie Morgan IS. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes give wor or dates of service) 16. SOCIAL SECURITY NO. 17. INFORMANT 6908 Wells Parkway 278 24 0383 Richard A. Good Hyattsville, Maryland no INTERVAL BETWEEN CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) cremat burial-transit PART I. DEATH WAS CAUSED BY OVESPIRATORY IMMEDIATE CAUSE (o) the haspital ar attending physician. DUE TO signed ! DROTRIOSCUSSONIC HEART & RENAL DISEAS. Canditians, if any, which gave rise ta immediate cause (a). DUE TO stating the underlying couse as the GENERAL 1280 PROBRIDGE LOROSIS has been lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) WAS AUTOPSY PERFORMED? PACKINSON'S 15 5056 NO 150 this certificate for 20o. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, form, (City or town) (County) (State) Hour o.m. factory, street, office bldg., etc.) of work 1933 21. I certify that (1) (this haspital) attended the deceased fram_ MARCEN be retained 1966, and that death accurred of 150 M, fram causes and an the date stated above saw the deceased alive an O FUNERAL DIRECTOR: 220. SIGNATURE 22b. DATE SIGNED 5 1960 **ATTENDING** M.D. PHYS 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) directar, shauld b 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23a. BURIAL, CREMATION, 23b. DATE THEREOF (State) (County) Buria (Specify) 5/28/66 Ft. Lincoln Colmar Manor P. Md 2Sb. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR VR A15 (4) 20 M 1/66 Francis Gasch's Sons Hyattsville, Maryland



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH after death. and dead PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) COUNTY a. STATE b. CDUNTY INC PRINCE MARY MARYLAND b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) etely filled in by bon papers. Page within 72 hours a write RURAL and give nearest town) hours d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? 470 NO X YES etely within completely we carbon 3. NAME DE Middle DATE Month Day Last DECEASED remove carbo (Type or print) me DEATH 19 executed 6. COLOR OR RACE | 7. MARRIED 5. SEX DATE OF AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. 9. NEVER MARRIED last birthday) Months Days Hours WIDOWED X DIVORCED 10a. USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS DR 12. CITIZEN OF WHAT COUNTRY? 11. BIRTHPLACE (County & State, or foreign country) death certificate be during most of working life, even if retired) 13. FATHER'S NAME MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U.S. ARMED FORCES? the attentit 16. SOCIAL SECURITY NO. INFORMAN) 0 (Yes, no, or unkown) | (If yes give war or dates of service) cremation, CAUSE OF DEATH [Enter only one cause per line for (a) of(b), and (c). INTERVAL BETWEEN The law requires that the or attending physician. burial-transi 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE signed DUE TO Conditions, If any, which peen gave rise to immediate the DUE TD cause (a), stating prior 1 underlying cause last. as WAS AUTDPSY PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT BELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) Health PERFORMED? YES NO D PHYSICIAN: 20a. ACCIDENT WAS UNDERLYING DEATH OF CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) detached for 20c. TIME DE INJURY Month, Day, Year 20d, INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) factory, street, office bldg., etc.) Hour a.m. Not While After While 19 at work at work p.m. 9 21. I certify that (I) (this hospital) attended the deceased from DIRECTOR: age 3 should led with the .1966, and that death occurred at 252M, from the causes and on the date stated above. saw the deceased alive on DATE SIGNED SIGNATURE 22a. page ATTENDING MED. Page 4 may b M.D. PHYS. DIRECTOR FUNERAL PHYSICIAN 22C. 22d. director, p NAME (Type LOCATION (City, town or county) BURIAL, CREMATION, 23b. DATE THEREOF NAME OF CEMETERY OR CREMATORY (State) REMOVAL (Specify) 9 REGISTRAR'S SIGNAPURE FUNERAL DIRECTOR REC'D BY REGISTRAR 25b. 24. VR A15 (4) 20M 1/65

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1		MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 07350 CERTIFICATE OF DEATH 07355
hours after death. d in by the fureral. rs. Pages A and 2. thours after death.	1.	PLACE OF DEATH a. COUNTY Prince George's MARYLAND b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) L. CLENGTH OF STAY IN 1b C. LENGTH OF STAY IN 1b C. LENGTH OF STAY IN 1b C. LENGTH OF STAY IN 1b C. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
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ted wi		NAME OF DECEASED (Crype or print) SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED X 8. DATE OF BIRTH FOR 10 White 1 19 AGE (In years lift UNDER 1 YEAR FUNDER 1 YEAR FUNDER 24 HRS. last birthday) May 21 1966
C .=		USUAL OCCUPATION (Give kind of work done in part of working life, even if retired) USUAL OCCUPATION (Give kind of work done in part of working life, even if retired) ONLY INDUSTRY N/A DIVORCED INDUSTRY 11. BIRTHPLACE (County & State, or foreign country) Prince George's, Maryland USA
eath certificat attending phy rmit. Then p n, or removal,	15	FATHER'S NAME William Leonard Gray WAS DECEASED EVER IN U.S. ARMED FORCES? No, or unknown) (Ifyes give war or dates of service) Mother As Above
requires that the deding physician. been signed by the the burial-transit per to burial, cremation.		18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, If any, which gave rise to immediate cause (a), stating the underlying cause last. (c) INTERVAL BETWEEN ONSET AND DEATH ONSET AND DEATH DUE TO DUE TO Conditions, If any, which gave rise to immediate cause (a), stating the underlying cause last.
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OR be 3		21. I certify that (I) (this hospital) attended the deceased from May 21, , 1966, to May 21 , 1966, that (I) (we) last saw the deceased alive on May 21, 1966, and that death occurred at 0:15M, from the causes and on the date stated above. 22a. SIGNATURE M.D. ATTENDING MED. DIRECTOR DIRECTOR STAFF SIGNED 22c. PHYSICIAN'S NAME (Type) Bernardo Alvarado M.D. 6201 Riverdale Rd., Riverdale, Md.
TO HOSPITAL Page 4 may TO FUNERAL OF UNITY TO FUNERAL Alterator, pa Should be file	23: 7C 24	
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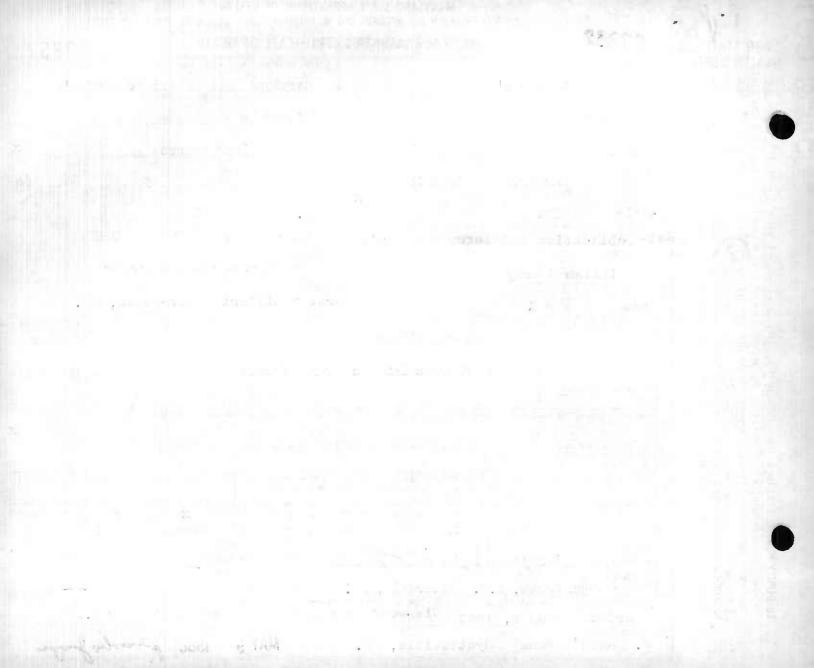
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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 FOR STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution; Residence before admission) o. COUNTY o. STATE b. COUNTY 3 to of Prince George's MARYLAND Maryland delay b. CITY OR TOWN (Il outside corporate limits, write RURAL and give nearest town)

Cheverly Department c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) ofter DOA Aquasco d. NAME OF HOSPITAL OR INSTITUTION (II not in hospital, give street address) d. STREET ADDRESS IS RESIDENCE ong with form ON A FARM? hours Prince George's Hospitsl Give Poges YES Eagle Harbor Road after death. 3. NAME OF 4. DATE Month Doy Year DECEASED (Type or print) Delphine Grav DEATH 19 66 within 8. DATE OF BIRTH 9. AGE (In years lost birthdoy) YEAR S. SEX 6. COLOR OR RACE IF UNDER IF UNDER 24 HRS 7. MARRIED NEVER MARRIED Months Doys in Item 18. Hours WIDOWED X DIVORCED hours 17 March 18845 Female Negro event 1Do. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired) INDUSTRY COUNTRY? 24 Maryland dny d "pending" in pencil in Chief Medical Examiner's House wife 13. FATHER'S NAME be executed within 2 and Janjiman 17. INFORMANT 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. (Yes, no, or unknown) (II yes give wor or dotes of service) Washington - Brandyw or removal. 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0) Heart failure This certificate should e, writing the word forwarded to the Ch cremotion, DUE TO Conditions, if ony, which gove (b) Arteriosclerotic heart disease unknown rise to immediate couse (a). DUE TO stoting the underlying couse 0 used os burial, c 00 lost. 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) NO X the certificote. YES [agent, prior to pe 2Do. EXTERNAL CAUSE WAS 2Db. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) PRIMARY Or CONTRIBUTING EXAMINER: CAUSE OF DEATH. 2Dd. INJURY OCCURRED 2De. PLACE OF INJURY (Home, form, (City or town) 2Dc. TIME OF INJURY Month, Dov. Year (County) (Stote) Hour o.m. foctory, street, office bldg., etc.) Not While VOUR FUNERAL DIRECTOR: Poge pleose execute ot work designated 21. I certify that I taak charge of the remains described above, held an Autopsy Inspection x Inquiry te, and in my opinion be retoined for Natural causes K deoth resulted fram: Suicide . the funerol director. Accident Homicide Undetermined monner CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE 0 DEPUTY MEDICAL EXAMINER X **EXAMINER'S** Kehoe, M.D. Riverdale, Md. 5-17-66 John Health Address (Street, city, town, or county) NAME (Type) 230. BURIAL, CREMATION 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 50 5-20-66 Ro Ch. Cemelery 2Sb. REGISTRAR'S SIGNATURE VR A15ME (5) 1966

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 07362 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DEPT. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) 2, and 3 to PM3. Page o. COUNTY a. STATE b. COUNTY after death. Prince George's MARYLAND Maryland Prince George's b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. CITY OR TOWN (If outside carparate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b Cheverly DOA Riverdale d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) e. IS RESIDENCE ON A FARM? d. STREET ADDRESS Item 18. Give Pages 1, Office alang with form haurs State Prince George General Hospital 5910 Cleveland Avenue YES NO X 24 haurs after death. Middle 4. DATE Last Month Doy Year within 72 DECEASED (Type or print) Margaret Virginia DEATH 66. S. SEX 6. COLOR OR RACE 8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. NEVER MARRIED 7. MARRIED lost birthdoy) Months Doys Hours DIVORCED WIDOWED event Female White Jan. 1895 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT Runty most of working life eyen if refired) cataloger S Gov't U COUNTRY? Washington DC the certificate, writing the ward "pending" in pencil in 4 should be farwarded to the Chief Medical Examplers pencil i 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME This certificate shauld be executed within Henrietta Altmansperger William C Gray File pup 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unknown) (If yes give war or dotes of service) removal, Dorothy Gilfert Riverdale, Md. yes INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0) Heart failure D crematian, DUE TO Canditians, if any, which gove Arteriosclerotie heart disease unknown rise to immediate cause (a), DUE TO stoting the underlying couse 0 buriol, o 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o) NO X 10 YES 20a. EXTERNAL CAUSE WAS PRIMARY Or CONTRIBUTING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 1B.) agent, priar CAUSE OF DEATH. 20d INJURY OCCURRED (City or town) 20c. TIME OF INJURY Month, Doy, Year 20e PLACE OF INJURY (Hame, form, (County) (Stote) foctory, street, office bldg., etc.) Not While may be retained far yaur FUNERAL DIRECTOR: Page ot work ot work ar its designated 21. I certify that I took charge of the remains described above, held on Autopsy Inspection x, Inquiry x and in my opinion Notural couses x Accident the funeral director. deoth resulted from: Suicide . Hamicide . Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE O DEPUTY DEPUTY MEDICAL EXAMINER **EXAMINER'S** 5 may TO FUNE Health NAME (Type) John Kehoe, M.D. Riverdale, Md. Address (Street, city, town, or county) 5-6-66 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23o. BURIAL, CREMATION, (County) (State) Glenwood Cemetery REMOVAL (Specify) Washington D C.. May 9, 1966 24. FUNERAL DIRECTOR ADDRESS REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE ocharles Sons VR A15ME (5) Gasch's Hyattsville, Md. 1966 6M 1/66



1 (M	Division of STATISTICAL RESEARCH AND RECORT	EPARTMENT OF HEALTH DS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND	
FOR STATE	07356 MEDICAL EXAMINER'S	CERTIFICATE OF DEATH 07358	
HEALTH DEPT.	PLACE DF DEATH a. COUNTY	2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before a a. STATE b. COUNTY	dmission)
+ (C)	Prince George MARYLANO	Md. Prince George	44
wecessary, the funeral e 5 may be Department after death	b. CITY OR TOWN (if outside corporata limits, writa RURAL and give nearest town)		st town)
ecessar le funer may t partmen	Cheverly	Laurel /6-/	
the other after	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street addres	d. STREET ADDRESS e. IS RES ON A	SIDENCE FARM?
delay. Page State I hours a	Prince George General Hospital	880] Hawthorne Jane YES	NO J
नुरु पुरु	3. NAME OF First Middle DECEASED	Last 4. DATE Month Day Ye	ar
25.53 7±	(Typa or print) Christopher Gordon St.	John Grev DEATH 5 1/ 19	
	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 1 HOURS Hours Hours) Hours	
death.	10a. USUAL OCCUPATION (Sive kind of work done 10b. KIND OF BUSINESS OR	1 Mar., 1866 yrs. 2 13	
er deal live Pa with with	during most of working life, eyen if retired) INDUSTRY	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?	1
8, Gi long long ges 1	13. FATHER'S NAME	Maryland U.S.	
2 2 2	13. FATHER'S NAME		
24 houn I tem Office File p	Verne Gray 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 1:	Gayl Oldham 7. INFORMANT Address	
	(Yes, no, or unkown) (If yes give war or dates of service)	"	
within 2 pencil in miner's 0 permit. I removal,	NO NONE None	Father Same as #2	EDWEEN
cuted within g" in pencil il Examiner's ansit permit.	18. CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY:	ONSET AND	DEATH
d be executed "pending" in I Medical Exar burial-transit cremation, or	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Aspiration of	gastric contents Minu	.005_
"pending" "pending" Medical E burial-trans cremation,	OUE IO		
ben Wed	gave rise to immediate		
should be exe word "pendin Chief Medica as a burial-tr rial, crematio	underlying course lock	threat (negifier)	
shoul word Chief I as a urial,		ELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS ALL PERFORMANCE OF THE PERFORMANCE OF TH	UTOPSY
INER: This certificate should ifficate, writing the word "be forwarded to the Chief I ge 3 should be used as a bed agent, prior to burial, or	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO TEATH BUT NOT RECOVER TO THE PRIMARY OF CONTRIBUTING TO TEATH BUT NOT RECOVER TO THE PRIMARY OF CONTRIBUTING TO TEATH BUT NOT RECOVER THE PRIMARY OF CONTRIBUTING TO TEATH BUT NOT RECOVER THE PRIMARY OF CONTRIBUTING TO TEATH BUT NOT RECOVER THE PRIMARY OF CONTRIBUTING TO TEATH BUT NOT RECOVER THE PRIMARY OF CONTRIBUTIONS CONTRIBUTING TO TEATH BUT NOT RECOVER THE PRIMARY OF CONTRIBUTIONS CONTRIBUTIONS CONTRIBUTIONS CONTRIBUTIONS TO TEATH BUT NOT RECOVER THE PRIMARY OF CONTRIBUTIONS CONTRIBUT	YES	NO [
certification ded to ded to ld be prior t	20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OF	CCURRED. (Enter nature of Injury in Part I or Part II of Item 18.)	
s ce vritii rded uld	PRIMARY Or CONTRIBUTING X CAUSE OF DEATH. Sucked small p	pacifier into mouth and throat	
	3 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. Fa	ctory street office hide atc \	(State)
EXAMINER: certification tould be found be follow. les.	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. Fa	Home Same as #2	
	21. I certify that I took charge of the remains described above,	held an Autopsy 🔼, Inspection 📑 Inquiry 🔼, and in my	opinlor
L EXAM he cerry should files. FOR: Pe		Suicide , Homlclde , Undetermined manner	
Dical Electric the Se 4 sho your file its design	1 19 1/1	CHIEF MEDICAL EXAMINER	
Y MEDIU execute Page I for you IAL DIRE	ACTUAL SIGNATURE	M.D. ASSISTANT MEDICAL EXAMINER 22. DATE	
FY ME exect Part for I for the or the or	EXAMINER'S John Kehoe, M.D., Riverdale)
DEPUTY MEDICAL EXA lease execute the corrector. Page 4 shou stained for your files. FUNERAL DIRECTOR: f Health or its design	NAME (Type) 23a. BURIAL CREMATION. 23b. DATE THEREOF 23c. NAME OF CEMET	Address (Street, city, town, or county) ERY OR CREMATORY 23d, LOCATION (City, town or county) (S	State)
TO DEPUTY please expleased. director. retained fo Funeral	23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMET		0.
	24. FUNERAL DIRECTOR ADDRESS	25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE	
VR A15ME	Will CHAMBERS IN AICERI	PACE LOMAY 18 1966 Scharles Judge	
3500 4-64	7 142 172	T DATE	

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1. MARYLAND CERTIFICATE OF DEATH PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) a. COUNTY b. COUNTY completely filled in by the 1 ve carbor, papers. Pages 1 event, within 72 hours after MARYLAND b. CITY OR TOWN (if outside corporate limits. c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL end give nearest town) write RURAL and give nearest town) hours d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? NO X YES certificate be executed within 3. NAME DE First Middle DATE Last Month Year DECEASED trubis (Type or print) DEATH 19 6. COLOR OR RACE DATE OF BIRTH AGE (In years | IF UNDER 1 YEAR last birthday) | Months | Days IFUNDER 24 HRS 7. MARRIED NEVER MARRIED Months I Hours Female White William 10a. USUAL DCCUPATION (Give kind of work done during most of working life, even if retired)
Financial Manager WIDOWED DIVORCED [10b, KIND OF BUSINESS DR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT U.S.A. lease and i INDUSTRY U.S. Goverment Washington D.C. 13. FATHER'S NAME removal, 14. MOTHER'S MAIDEN NAME Theresa Mau Lewis Haubrick 15. WAS DECEASED EVER IN U.S. ARMED FORCES: (Yes, no, or unknown) (If yes give war or dates of service) 577 18 6260 16. SOCIAL SECURITY NO. 17. INFORMANT U.S. Sdres Providence C16-0 death certificate has been signed by the attented for use as the burial-transit permit of Health prior to burial, cremation, o Robert W. Grubbs FPO San Francisco INTERVAL BETWEEN 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c),] ONSET AND DEATH PART I. DEATH WAS CAUSED BY: PHYSICIAN: The law requires that the hospital or attending physician. IMMEDIATE CAUSE (a DUE TO Conditions, If any, which gave rise to immediate DUE TO cause (a), stating the underlying cause last. CERTIFICATION WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) YES M NO F 2Da. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of Injury in Part 1 or Part II of Item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 3 should be detache with the State Dept. MEDICAL 20c. TIME OF INJURY Month, Day, Year 20e. PLACE OF INJURY (Home, farm, factory, street, office bidg., etc.) (State) 20d, INJURY OCCURRED 20f. (City or town) (County) Hour a.m. Not While be retained by at work at work Jun. 1966 to 21. I certify that (I) (this hospital) attended the deceased from. DIRECTOR: age 3 should saw the deceased alive on 19/26, and that death occurred at ____M, from the causes and on the date stated above. 22a. SIGNATURE 22b. DATE SIGNED page ATTENDING PHYS. DIRECTOR M.D. TO HOSPITAL Page 4 may TO FUNERAL D ADDRESS PHYSICIAN'S director, p NAME (Type) Prof. Bldg. Hans Wodak, M.D. Greenbelt, Md. 23c. NAME OF CEMETERY OF CAPMADERY 23d. LOCATION (City, town or county) ieen state BURIAL, CREMATION, 23b. DATE THEREOF REMOVAL (Specify) Lutheran 5/9/66 Middle Village Burial 24. FUNERAL DIRECTOR ADDRESS 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE Francis Gasch's Sons Hyattsville, Md. VR A15 (4) 15M 4-64

THE REPORT OF THE PROPERTY OF control . Waterook . Dits LL 173 TEMP OF DESIGNATION OF MAY 9 1886 Miller of the State

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1. MARYLAND CERTIFICATE OF DEATH death. and 1. PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) a. COUNTY b. COUNTY Prince George's a. STATE Maryland y filled in by the fu papers. Pages 1 hin 72 houvs after Prince George's hours after MARYLAND b. CITY OR TOWN (if outside corporate limits, c. CITY OR TOWN (If outside corporate limits, write RURAL end give nearest town) c. LENGTH OF STAY IN 1b write RURAL and give nearest town) Fairmont Heights Cheverly d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE event, within 72 ON A FARM? Prince George's General Hospital 6309 K. Street YES NO letely completely we carbon 3. NAME OF DATE Month Yeer Middle Last Day DECEASED Baby Girl DEATH (Type or print) 19 66 Haggins May executed 6. COLOR OR RACE | 7. MARRIED 5. SEX 8. DATE OF BIRTH 9. AGE (In years | IFUNDER 1 YEAR | IFUNDER 24 HRS. last birthdey) | Months | Days | Hours | Min. NEVER MARRIED XX in any Negro May 7, 1966 female DIVORCED [WIDOWED 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) INDUSTRY 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? and Prince George, Maryland USA none physi certificate 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME attending ph remova Lewis NMN Boyd Patricia Yvonne Haggins (Gray - maiden) 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT Address 16. SOCIAL SECURITY NO. 0 death (Yes, no, or unkown) (If yes give war or dates of service) Mother no above cremation, INTERVAL BETWEEN 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] ONSET AND DEATH à PART I. DEATH WAS CAUSED BY: been signed the burial-transfer to burial, cre IMMEDIATE CAUSE (a) DUE TO Conditions, If any, which (b) gave rise to immediate DUE TO cause (a), stating the underlying cause last. FUNERAL DIRECTOR: After this certificate has irector, page 3 should be detached for use as nould be filed with the State Dept. of Health prior CERTIFICATION WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) NO V YES 20a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Pert II of Item 18.) MEDICAL 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (County) (State) 20c. TIME OF INJURY Month, Day, Year 20f. (City or town) Hour a.m. While Not While be retained by at work at work , 1966 , to May 8 21. I certify that XX(this hospital) attended the deceased from May 7 _ 1966 , that X (we) last 19 66, and that death occurred a6:50 M, from the causes and on the date stated above. saw the deceased alive on May 8 22b. DATE SIGNED 22a. SIGNATURE STAFF PHYS. XX ATTENDING 5/10/66 DIRECTOR PHYS. M.D. ADDRESS PHYSICIAN'S director, p NAME (Type) 6821 Riverdale Rd. Riverdale, Md. Iradi Mahdavi, M.D. 23c. NAME OF CEMETERY OR CREMATORY 23d. /LOCATION (City, town or county). (State) BORIAL, CREMATION, REMOVAL (Specify) 23a. 23b. DATE THEREOF 25b. REGISTRAR'S SIGNATURE 25a. REC'D BY REGISTRAR | FUNERAL DIRECTOR VR A15 (4) 15M 4-64

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral and 2 death. and 1. PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) a. COUNTY b. COUNTY the to a. STATE after after Prince George's Maryland Prince MARYI AND Maryland Prince George's
c. CITY OR TOWN (If outside corporate limits, write RURAL and give hearest town) by the Pages b. CITY OR TOWN (if outside corporate limits. C. LENGTH OF STAY IN 1b write RURAL and give nearest town) oon papers. Pag within 72 hours L'ours Cheverly 3 days Upper Marlboro .= d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street eddress) d. STREET ADDRESS filled e. IS RESIDENCE ON A FARM? Prince George's General Hospital PO Box 3387 NO T YES completely to executed within 3. NAME OF Middle Last 4. DATE Month Day Year DECEASED event, Henreitta (Type or print) Henrietta Hamilton DEATH May 10 19 66 5. SEX 6. COLOR OR RACE AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS. 8. DATE OF BIRTH 9. and cor 7. MARRIED NEVER MARRIED last birthday) | Months | Deys Hours any Female Negro WIDOWED XX DIVORCED (12-24-86 80 10a. USUAL OCCUPATION (Give kind of work done | 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT ician pe during most of working life, even if retired) INDUSTRY COUNTRY? U.S.A. physic plea Maryland certificate 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME attending permit. Then remo Charles Lewis Louise Green 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16. SOCIAL SECURITY NO. Address certificate has been signed by the attented for use as the burial-transit permit.

t. of Health prior to burial, cremation, or death (Yes, no, or unkown) (If yes give war or dates of service) Charles Hamilton Upper Marlboro, INTERVAL BETWEEN ONSET AND DEATH 18. CAUSE OF DEATH [Enter only one cause pet line for (a), (b), end (c),] PART I. DEATH WAS CAUSED BY: PHYSICIAN: The law requires that ti the hospital or attending physician, IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which gave rise to Immediate DUE TO cause (a), stating underlying cause last. CERTIFICATION WAS AUTOPSY PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) 19. PERFORMED? NO F YES 20a, ACCIDENT WAS UNDERLYING [DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury in Part I or Part II of Item 18.) this certified detached for the Dept. of N OR CONTRIBUTING | CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL (State) TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) factory, street, office bidg., etc.) 0 Hour a.m. e. After While Not While be ATTENDING at work at work be retained DIRECTOR: A age 3 should lied with the 3 1966__, to_ May 10, 19 66, that (4) (we) last 21. I certify that (4) (this hospital) attended the deceased from May 7 66 May 10 and that death occurred at 11:5%, from the causes and on the date stated above. saw the deceased alive on DATE SIGNED 22b. 22a. SIGNATURE am ATTENDING MFD. STAFF director, page should be filed PHYS. Page 4 may M.D. PHYS DIRECTOR TO FUNERAL 22c. PHYSICIAN'S 22d. **ADDRESS** (State) BURIAL, CREMATION, NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) REMOVAL (Specify) Washington REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATUR 25a. Rollins Pl., N.E. Wash., VR A15 (4) 15M 4-64

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TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then pease remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

DIVISION OF STA	MARYLAND STATE DEA ATISTICAL RESEARCH AND RECORDS CERTIFICATION	PARTMENT OF HEALTI , 301 W. PRESTON STREET E OF DEATH	d , baltimore 1, maryland 0736
PLACE OF DEATH a. COUNTY Prince George		2. USUAL RESIDENCE (Where dece	ased lived, If institution: Residence before

a. COUNTY	a. STATE b. COUNTY	
Prince Georges b. CITY OR TOWN (if outside corporate limits, c. LENCTH OF STAY IN 1b	a. STATE b. county Prince	Georges
write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL	and give nearest town)
Riverdale	4100 Webster Street /	6-1
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET AOORESS	e. IS RESIDENCE ON A FARM?
Eugene Leland Memorial Hospital	Brentwood,	YES NO
3. NAME OF First Middle OECEASED	Last 4. DATE Month OF	Oay Year
(Type or print) Bunion	Hammond DEATH May	27. 19 66
5. SEX 6. COLOR OR RACE 7. MARRIEO NEVER MARRIEO	8. OATE OF BIRTH 9. ACE (In years IF UNOER I last birthday) Months I	The second secon
Male with widowed Sep. DIVORCEO	11-24-13 52 yrs. Months	Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done 10b. KINO OF BUSINESS OR during most of working life, even if retired) INOUSTRY	11. BIRTHPLACE (County & State, or foreign country) 12. CI	TIZEN OF WHAT UNTRY?
Janitor		ISA
13. FATHER'S NAME	14. MOTHER'S MAIOEN NAME	1014
John Hammond	Jessie B. Bordie	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17.	INFORMANT Address	
(Yes, no, or unkown) (If yes give war or dates of service)	Daughter/Medical Record	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	Daughter/Hedical Actord	INTERVAL BETWEEN
PART I, OEATH WAS CAUSED BY:	L HEMORRHAGE	ONSET AND OFATH
IMMEDIATE CAUSE (a)	1/0/2011/1/30	4 24/3
Conditions, If any, which		
gave rise to Immediate (•	
cause (a), stating the OUE TO		
underlying cause last.) (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELA	TEO TO THE TERMINAL DISEASE CONDITION CIVEN IN DART 1(a)	119. WAS AUTOPSY
TAIL WALL COLOUR	TEO TO THE TERMINAL DISEASE CONTINUE GIVEN IN TART I(a)	PERFORMED?
20a. ACCIOENT WAS UNDERLYING [] 20b. OESCRIBE HOW INJURY OCCU	IDDED (Fator acture of lating to Book Los Book II of Mary 10.)	YES NO
GR CONTRIBUTINC ☐ CAUSE OF OEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	IRRED. (Enter nature of injury in Part I or Part II of Item 18.)	
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLA facto p.m. 19 at work at work	CE OF INJURY (Home, farm, 20f. (City or town) (Courry, street, office bldg., etc.)	nty) (State)
Hour a.m. p.m. 19 While Not While at work at work	ry, street, onice blug., etc.)	
21. I certify that (I) (this hospital) attended the deceased from	5 · 23 , 1966 to 5 · 27 , 1966	that (I) (we) last
	death occurred at 223 PM, from the causes and on th	
22a. SICNATURE		TE SICNEO
M.O. Hollinia M.O.	ATTENDING MED. STAFF DIRECTOR PHYS. 5-2	7-66
22c. PHYSICIAN'S	22d. AOORESS	
NAME (Type) C. J. Houmann, M. D.	11101 Queensbury Road, Riverd	ale, Md.
23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY		nty) (State)
REMOVAL (Specify) 6/3/66 Lincoln Memo	orial Ceme. Maryland	
24. FUNERAL DIRECTOR Color Sleur AOORESS	25a. REC'O BY REGISTRAR 25b. RECISTRAR'S	
Stewart Funeral Home-4001 Benning	Road, N. 2 1966 Scharles	Judge

VR AIS (4)

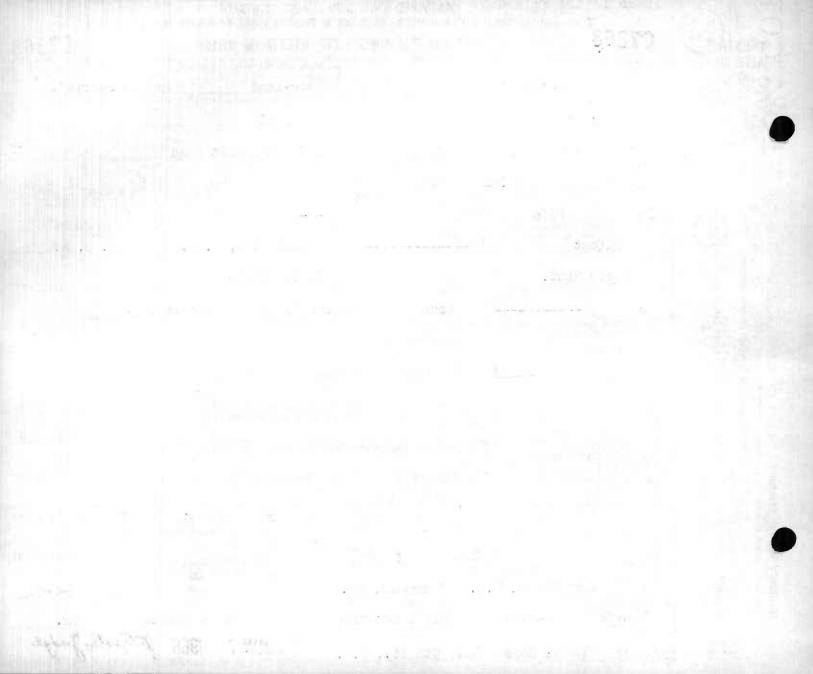
MATTER TO STRUCTURE BY Lad 2 grow Latinourie Landon named 2 pipe sine THE AMERICAN PROPERTY SAME AND in the state of th TYD/Smy galenda Xenorés Care. Hayerann Stevent Function and e-too combing took, wife. 2 Just present the

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 07368 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DEPT 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission o. COLINTY o. STATE delay is and 3 ta M3. Page o death. Prince George 1 MARYLAND Maryl and Prince George Department b. CITY OR TOWN (If outside corporate limits, c LENGTH OF STAY IN 1h c. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest town) write RURAL and give nearest town) after Cheverly DOA

d. NAME OF HOSPITAL OR INSTITUTION (If not in hospitol, give street oddress) Adelphi d. STREET ADDRESS e. IS RESIDENCE ON A FARM? in Item 18. Give Pages 1, r's Office along with form haurs 1826 Metxerott Road YES NO IX ate Prince George General Hospital 24 hours after death. 3. NAME OF Middle 72 Last 4 DATE Month Dov Year DECEASED within , Daniel Paul Hantz (Type or print) DEATH S. SEX 8. DATE OF BIRTH 9. AGE (In years 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 50 IF UNDER 24 HRS last birthday) Months Days Hours WIDOWED DIVORCED Male 11-2-1965 White 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
J. S. A. during most of working life, even if retired)
Infant INDUSTRY Washington. D. C. Examiner's gn 14 MOTHER'S MAIDEN NAME pencil 13. FATHER'S NAME be executed within Oscar Hantz Celia Sterin pup 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unknown) (If yes give wor or dotes of service) remaval. No None Oscar Hantz Same as 2 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c), INTERVAL BETWEEN burial-transit PART I. DEATH WAS CAUSED BY: ONSET AND DEATH Broncho Pneumonia 10 IMMEDIATE CAUSE (o) ward This certificate shauld crematian, DUF TO Conditions, if ony, which gove writing the rise to immediate couse (a), DUF TO stoting the underlying couse lost OS burial, 19. WAS AUTOPSY PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) PERFORMED? the certificate, YES X NO its designated agent, priar ta 20o. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) PRIMARY | or CONTRIBUTING | CAUSE OF DEATH. 20c. TIME OF INJURY Month, Doy, Year 20d INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) (State) foctory, street, office bldg., etc.) Hour o.m. Not While FUNERAL DIRECTOR: Page please execute 21. I certify that I took charge of the regions described above, held an Autopsy Inspection x, Inquiry to ond in my opinion deoth resulted from: Notural couses Axcident Suicide Homicide Undetermined monner CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE TO DEPUTY DEPUTY MEDICAL EXAMINER Health or **EXAMINER'S** John Kehoe, M.D. NAME (Type) Riverdale, Md. Address (Street, city, town, or county) 6-1-66 the f NAME OF CEMETERY OR CREMATORY BURIAL, CREMATION, 23b. DATE THEREOF 23d. LOCATION (City or Town) (County) (Stote) 50 REMOVAL (Specify)
Burial 6-13-66 Nat'l Memorial Park Falls Church Va. REGISTRAR'S SIGNATURE JUDGE 24. FUNERAL DIRECTOR ADDRESS 250. REC'D BY REGISTRAR ___ 2Sb. 1966 VR A15ME (5) Goldberg Foneral Home 4217 9th St., N.W. 6M 1/66

MARYLAND STATE DEPARTMENT OF HEALTH

Items 18 &21 Film G378



Within 24 hours after death. **TO FUNERAL DIRECTOR:** After this certificate has been signed by the attending physician and camplefely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remave carbon papers. Pages 1 and shauld be filed with the State Dept. of Health priar ta burial, crematian, ar remaval, and in any event, within 72 hours after dept. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed Page 4 may be retained by the hospital or attending physician.

VR A15 (4) 20 M 1/66

MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

1	67368		CERTIFIC	CATE	OF DEATH			07364
1	o. COUNTY Prince	e George	MARYLA	ND	2. USUAL RESIDENCE (Who o. STATE Mary)	ere deceosed lived, if institut b. COUI	NTV	before odmission) ce George
	b. CITY OR TOWN (If outsi	ide corporate limits,	c. LENGTH OF STAY IN			de carparate limits, write RU		
	Riverdale		Mark of the Control		Hyattsvill	e		16-1
	d. NAME OF HOSPITAL OR	INSTITUTION (If not in h	ospital, give street address)		d. STREET ADDRESS			e. IS RESIDENCE ON A FARM?
3	Leland Men	norial Hosp	ital		5716 Chill	um Heights D	rive	YES NO E
	NAME OF DECEASED (Type or print)	euben	Middle H 1	4	ARRI'S	4. DATE Mont	th Y	Doy Year 1/ 19 /0 6
5			MARRIED NEVER MARRIED	8.	DATE OF BIRTH	9. AGE (In years		YEAR IF UNDER 24 HRS. Doys Hours Min.
L	Male W	nite w	IDOWED X DIVORCED		8-3-1900	lost birthdoy) 5 yrs.	MOIIIIIS	DOTS HOUIS MIII.
d	Oo. USUAL OCCUPATION (Give uring most of working life, ever Printer	kind of work done en if retired)	10b. KIND OF BUSINESS OR Printing Compa	iny	11. BIRTHPLACE (County & : Virginia	Stote, or foreign country)	12. CITIZ COU!	ZEN OF WHAT NJRY?
Ī	3. FATHER'S NAME				14. MOTHER'S MAIDEN NA	ME		
	- Ha	arris			Unknown			
	S. WAS DECEASED EVER IN U. Yes, no, or unknown) ((If yes	S. ARMED FORCES?	16. SOCIAL SECURITY NO.	17. INI	FORMANT	Addre	955	
II'	res, no, or unknown; (ii yes	give was or dotes of serv	ice)	Joy	y E. Firebau	gh 953 Coun	ty Rd I	Dist Hgts.
	PART I. DEATH WAR	S CAUSED BY: IMMEDIATE CAUSE (o) DUE TO L gove (b) couse (c) Couse (c) _	r line for (o), (b), and (c).	no	Lung	pr.		INTERVAL BETWEEN ONSET AND DEATH
ATION	PART II. OTHER SIGNIFICA	ANT CONDITIONS <u>CONTRI</u>	BUTING TO DEATH BUT NOT RELAT	ED TO TH	E TERMINAL DISEASE CONDI	TION GIVEN IN PART 1(o)		19. WAS AUTOPSY PERFORMED? YES NO
CEDTICICATION		ISE OF DEATH	205. DESCRIBE HOW INJURY OCCI	URRED. (Er	nter noture of injury in Po	rt I or Port II of item 1B.)		
MEDICAL	20c. TIME OF INJURY M Hour o.m. p.m.	onth, Doy, Yeor 19	20d. INJURY OCCURRED 2 While Not While of work of work		OF INJURY (Home, form, y, street, office bldg., etc.)	20f. (City or town)	(Coun	(Stote)
	21. I certify the saw the decease		attended the deceased fr		death accurred ot_	, toM, from causes		thot (I) (we) lost e dote stated above.
1	220. STONATURE	Tubal	len	M.D.	PHYS. D	ED. STAFF RECTOR PHYS.	22b. DAT	E SIGNED
	22c. PHYSICIAN'S' SAME (Type)	H.Thib	Adeav.	N.A	3/12. address	la live &	f &	,
2	3o. BURIAL, CREMATION,	23b. DATE THEREOF	23c. NAME OF CEMETE			23d. LOCATION (City or To	wn) (6	County) (Stote)
	REMOVAL (Specify)	5-16-66	Cedar Hi	11 Ce		Suitland		ryland
1	24. FUNERAL DIRECTOR Wilhelm Fune:	ral Home	ADDRESS +308 Suitland Re	d Su:	itland DANAY	16 1968 25b. Re	CISTRAR'S SIG	SNATURE Judge

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FIRST W		
	All wall for the second	

MARYLAND STATE DEPARTMENT OF HEALTH W. PRESTON STREET, BALTIMORE 1, MARYLAND **DIVISION OF STATISTICAL RESEARCH AND RE** 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before edmission) e. COUNTY e. STATE b. COUNTY MARYLAND 2 kg Prince George Maryland Prince George b. CITY OR TOWN (if outside corporete limits, and c. LENGTH OF STAY IN 16 write RURAL and give neerest town) (Glenridge) Hyatts ville hours after Glenridge Hyattsville e. IS RESIDENCE ON A FARM? YES NO 7207 Marywood Street 7207 Marywood Street 3. NAME OF Middle 4. DATE Year DECEASED DEATH (Type or print) May 31, 19 RANDALL HAUGH and cor 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 5 SEX 9. AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS. lest birthdey) Months Deys Hours DIVORCED WIDOWED Feb. 13, 1904 Male 10e. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (County & Stete, or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) Clerk U.S. Government Grundy Co. Ill U.S. A. 13. FATHER'S NAME Hauge Lewis Ollie Haugh Hauge Cora Thorson
15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT (Yes, no, or unkown) | (If yes give wer or detes of service) D 2 17 44 0135

IB. CAUSE OF DEATH [Enter only one ceuse per line for (e), (b), end (c Elsie N. Hauge Same as #2 (wife) TERVAL BETWEEN PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) DUE TO Conditions, if eny, which geve rise to immediate cause DUE TO (e), steting the underlying couse last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) 19. WAS AUTOPSY PERFORMED? NO P 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED, (Enter neture of injury in Pert I or Pert II of item 18.) OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Dey, Yeer 20d. INJURY OCCURRED 20e, PLACE OF INJURY (Home, ferm, ' 20f. (City or town) (County) (Slele) factory, street, office bldg., etc. While Not While Hour a.m. at work et work 21. I certify that (I) (this hospital) attended the deceased from....... 19.60, and that death occurred at 1.2.44M, from the causes and on the date stated above. 22e. SIGNATUR ATTENDING IO HOSPITAL
G death. Page 4 n
TO FUNERAL D
director, page 6 st. DIRECTOR 22c. PHYSICIAN 23c. NAME OF CEMETERY OR SEMINING 23d. LOCATION (City, town or county) (Stete) 23a. BURIAL, CREMATION, REMOVAL (Specify) Randal Randal Iowa Burial 25b. REGISTRAR'S SIGNATURE 25a. REC'D BY REGISTRAR 24 FUNERAL DIRECTOR'S SIGNATUR VR A15 (4) 15M 9/60 Francis Gasch's Sons Hyattsville, Md.

23620 the year of the second RANGELIK EKENEL U.S. core and colony co., m and mis. .. (Sim) by an said of selection of the colorest THE STATE OF THE S

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0,1,0 Francis Casch's Sons Bysusylle, Md. 1966 1 Conta, Justic

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1. MARYLAND CERTIFICATE OF DEATH and 2 death. funeral hours after death. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If Institution; Residence before admission) a. COUNTY the h a. STATE yland b.county Prince Goerge's after. Prince George's MARYLAND by the Pages b. CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) papers. rewrite RURAL and give nearest town) Cheverly 16 hours Bowie = d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) filled d. STREET ADDRESS e. IS RESIDENCE within 72 ON A FARM? Prince George's General Hospital Box 213. Normal School Rd. YES NO completely we carbon p NAME DE Last Month Day Year Middle DECEASED ent, Anthony Henry 30 1966 (Type or print) DEATH May executed 5. SEX 6. COLOR OR RACE B. DATE OF BIRTH AGE (In years | IFUNDER 1 YEAR | IFUNDER 24 HRS. last birthday) | Months | Days | Hours | Min. 7. MARRIED NEVER MARRIED and any 1/20/10 Negro Male 56 WIDOWED [DIVORCEDXX 10a. USUAL OCCUPATION (Give kind of workdone during most of working life, even if retired) INDUSTRY .= 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT physician pe COUNTRY? and CONSTRUCTION WORKER CONTRACTOR USA certificate MARYLAND BOWIE 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Then attending I T. CHARLES HENRY FLORENCE M. COLBERT 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT the attend t permit. 16. SOCIAL SECURITY NO. 0 death (Yes, no, or unkown) (If yes give war or dates of service) transit perm cremation, LAWRENCE HENRY SEE 18. CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN PHYSICIAN: The law requires that the the hospital or attending physician. ONSET AND DEATH this certificate has been signed by letached for use as the burial-transi Dept. of Health prior to burial, crem PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a DUE TO Conditions, If any, which gave rise to immediate DUE TO cause (a), stating underlying cause last. CERTIFICATION WAS AUTOPSY PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) PERFORMED? YES NO T 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury in Part I or Part II of Item 18.) MEDICAL (State) TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, (County) det factory, street, office bldg., etc.) 0 Hour a.m. While Not While FUNERAL DIRECTOR: After irector, page 3 should be chould be filed with the State be retained by ATTENDING at work at work May 29 1966 to May 30 21. I certify that (4) (this hospital) attended the deceased from _ 19 66 that #0 (we) last 66 and that death occurred at 7:05 M. from the causes and on the date stated above. May 30 saw the deceased alive on 22b. DATE SIGNED 22a. SIGNATURE am ATTENDING MED. 5-31-66 PHYS. Page 4 may M.D. PHYS. DIRECTOR 22d. ADDRESS 22c. PHYSICIAN'S director, p NAME (Type) (State) BURIAL, CREMATION. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) 23b. DATE THEREOF REMOVAL (Specify) 2 BURIAL BOWLE MARYLABD METERY CENSION REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE FUNERAL DIRECTOR 1966 15M 4-64

CONSTRUCTION FORMER SUNTRACTOR THANKES T. TENNY THE RESERVE OF THE PARTY OF THE The Part Alexander Transferrence American Personal AND YOUR LEADER FOR THE PROPERTY OF A PROPER CARL STATE OF THE STATE OF THE

MARYLAND STATE DEPARTMENT OF HEALTH

	DIVISION OF STATISTICAL RESE	ARCH AND RECORDS		N STREET,	BALTIMOI	RE 1, MAR	YLAND
1.	PLACE DF DEATH	CERTIFICAT				0736	7
1.	a. COUNTY		2. USUAL RESIDENCE a. STATE	CE (Where decea	sed lived, If inst b_COUN		ice before admission
	Prince George's b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)	MARYLAND	Marylan		Prin	nce Geor	
	write RURAL and give nearest town)	c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If		rate limits, wri	te RURAL and	give nearest town
_	Riverdale d. Name of Hospital or Institution (if not in he	Approx.8 hrs	Mt. Ra	inier		16-1	e. IS RESIDENCE
						Towns I	ON A FARM?
3.	Eugene Leland Memorial NAME DF First	Middle		hauncey			YES NO X
	DECEASED		Last	4. DATE DF DEATH	Month		
5.	TUCTITE	Beatrice Never Married	Henson B. DATE OF BIRTH		GE (In years I		1966 RIFUNDER 24 HR
	F, M MIDOMED	DIVORCED	7-19-03		ast birthday) 7	Months Days	
10 du	a. USUAL OCCUPATION (Cive kind of work done 10b. K ring most of working life, even if retired) II	IND OF BUSINESS OR	11. BIRTHPLACE (CO	ounty & State, or	foreign country)	12. CITIZE	N OF WHAT
	Housewife		Virgini	a		count	I.,
13	. FATHER'S NAME		14. MOTHER'S MAIL				
	Robert Lee Doggett, Sr.		Roberta	Beatric			
(Y	es, no, or unkown) (If yes give war or dates of service)		INFORMANT		Addres	S	100
	no 5	77-12-7111	Daughter/Me	dical R	ecord		
	18. CAUSE DF DEATH [Enter only one cause per II						TERVAL DETWEEN
	PART I. DEATH WAS CAUSED BY: Corc	nary Occlusion	n, Acute			1	day
	gave rise to immediate	neralized	arterio	scler	osis	<u> </u>	KNOWN
-	underlying cause last. (c)						
CATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBU	TING TO DEATH BUT NOT RELA	TED TO THE TERMINAL D	DISEASE CONDIT	TION GIVEN IN P		PERFORMED?
CERTIFICATION	20a. ACCIDENT WAS UNDERLYING 20b. E OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	ESCRIBE HOW INJURY OCCU	RRED. (Enter nature of	injury in Part	l or Part II of		
MEDICAL	20c. TIME OF INJURY Month, Day, Year 20d. If Hour a.m. While at work	Not While factor	CE OF INJURY (Home, fa ry, street, office bldg., e	erm, 20f. (CI	ty or town)	(County)	(State)
2	21. I certify that (i) (this hospital) attended		5-30 10	966_, to_	5-31	166	that (i) (we) las
	saw the deceased alive on 5-		death occurred at		the causes a		
	22a. SICNATURE		/			22b. DATE S	ICNED
	C. J. Hour	M.D	. PHYS.	MED. DIRECTOR	STAFF PHYS.	5-31-	66
	22c. PHYSICIAN'S NAME (Type) C. J. Houman	n, M.D.	4404 Queer	nsbury F	load, Ri	verdale	, Md.
23	BURIAL, CREMATION, 23b. DATE THEREOF 6/3/66	23c. NAME OF CEMETERY Fierview Ceme		Culpe	TION (City, to	wn or county)	(State)
24	. FUNERAL DIRECTOR	ADDRESS	25a. REC	O'D BY RECIST		CISTRAR'S SIC	
	F. Gasch's Sons Hyatt	sville, Md.	MUTE	c 10C	a och	melas Ti	edet.

JUN 6

1966

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 24 hours ofter deoth death, by the funeral Pages 1 and 2 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) o. COUNTY hours after Prince George MARYLAND Prince George b. CITY OR TOWN (If outside carparate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest tawn) Langley Park
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospitol, give street address) Langley Park papers. hin 72 ho filled in d STREET ADDRESS e. IS RESIDENCE ON A FARM? 8233 14th Avenue Apt 102 8233 14th Avenue Apt 102 YES NO EX signed by the attending physicion and completely f buriol-transit permit. Then pleose remove corbon buriol, cremation, or removol, and in ony event, with 3 NAME OF Middle 4 DATE Day Year DECEASED OF DEATH MAE 14. HERMAN MAY 19 66 (Type ar print) S SEX 6. COLOR OR RACE IF UNDER 1 YEAR | IF UNDER 24 HRS 7. MARRIED DATE OF BIRTH 9. AGE (In years X **NEVER MARRIED** lost birthdoy) Months Dovs Haurs WIDOWED DIVORCED Female White April 14, 1897 10o. USUAL OCCUPATION (Give kind of work dane 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, ar foreign cauntry) 12. CITIZEN OF WHAT pe during mast af warking life, even if retired) Own Home COUNTRY? U.S.A. requires that the deoth certificate Housewife
13. FATHER'S NAME Missoui 14. MOTHER'S MAIDEN NAME John Sipp Axxin Antionette Nemetz 1S. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give wor or dates of service) 16. SOCIAL SECURITY NO 17. INFORMANT Address Albert J. Herman no 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) INTERVAL BETWEEN PART I. DEATH WAS CAUSED BY: ONSET AND DEATH IMMEDIATE CAUSE (o) Canditians, if any, which gove rise ta immediate couse (a), DUE TO stating the underlying couse O FUNERAL DIRECTOR: After this certificate has been director, page 3 should be detached for use as the should be filed with the State Dept. of Health prior to PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? TO HOSPITAL OR ATTENDING PHYSICIAN: 20o. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 20c. TIME OF INJURY Month, Day, Yeor 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form. (City or town) (County) (Stote) Hour a.m. Not While foctory, street, office bldg., etc.) ot wark 4 may be retained by 1926, to MI 21. I certify that (I) (this haspital) attended the deceased fram. . 1966, that (I) (we) last We 12 19 6/2 and that death accurred of 1/A M, from causes and an the date stated above. saw the deceased alive an 220. SIGNATURE 22b. DATE SIGNED MED. DIRECTOR M.D. **ADDRESS** 22c. PHYSICIAN'S NAME (Type) 23o. BURIAL CREMATION. 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (Stote) Va (County) REMOVAL (Specify)
Burial Arlington, 5/17/66 Arlington National 24. FUNERAL DIRECTOR Francis Gasch's Sons Hyattsville, Md. VR A15 (4) 20 M 1/66

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral and 2 and PLACE DF DEATH USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) . CDUNTY a. STATE Md. Prince George's b. COUNTY Pages 1 urs after hours after MARYLAND b. CITY OR TDWN (if outside corporate limits, write RURAL and give nearest town) c. LENGTH DF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) hours Ardmore Cheverly D. O. A. .5 d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) filled d. STREET ADDRESS e. IS RESIDENCE ON A FARM? 8823 Ardmore Road within , Pr. Geo. Gen. Hosp. NO TO YES completely in certificate be executed within NAME DE First Middle DATE Month Year Last Day DECEASED SKELTON 1966 C. HTGGINS May (Type or print) DEATH 5. SEX 6. COLDR OR RACE DATE OF BIRTH AGE (In years | IFUNDER 1 YEAR | IF UNDER 24 HRS e 6 7. MARRIED NEVER MARRIED Jast birthday) White Months Days Hours any Male 28 Mar 1919 and WIDDWED DIVORCED = 10a. USUAL OCCUPATION (Give kind of work done | 1Db. KIND DF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT physician lease and In during most of working life, even if retired) INDUSTRY CDUNTRY? Personel Clerk U.S.P.O. Dept. Washington. D. C. U. S. A. A . 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME attending ph ermit. Then remova Skelton C. Higgins Elizabeth Beery 15. WAS DECEASED EVER IN U.S. ARMED FORCES? ned by the attend I-transit permit. 17. INFORMANT 16. SOCIAL SECURITY NO. Address (Yes, no, or unkown) (If yes give war or dates of service) death WW 11 579097998 Florence T. Higgins 2 Yes As # (Wife) CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY PHYSICIAN: The law requires that the hospital or attending physician. been signed the burial-transfer to burial, cre IMMEDIATE CAUSE (a) DUE TO Conditions, If any, which (b) gave rise to immediate DUE TO cause (a), stating the as th underlying cause last. (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTDPSY for use Health PERFORMED? certificate CERTIFICATI YES ND T 2Da. ACCIDENT WAS UNDERLYING DR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part | or Part || of Item 18.) r this certification detached for the Dept. of 1 MEDICAL 2Dc. TIME OF INJURY Month, Day, Year 2Dd. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) factory, street, office bldg., etc.) Hour a.m. After While Not While be ATTENDING retained by at work at work p.m. 19 DIRECTOR: Af age 3 should lifed with the S 21. I certify that (I) (this hospital) attended the deceased from saw the deceased alive on 22a. SIGNATURE 22b. DATE SIGNED pe page PHYS. DIRECTOR M.D. PHYS. 4 may O FUNERAL I director, pag should be fill HOSPITAL PHYSICIAN'S 22c. 22d. NAME (Type) BURIAL, CREMATION. 23b. DATE THEREOF NAME OF CEMETERY OR CREMATDRY 23d. LOCATION (City, town or county) Buris (Specify) /31/66 Arlington Arl. Natl. Ceme. Va. ADDRESS REGISTRAR'S SIGNATURE FUNERAL DIRECTOR 25b. 25a. Gasch's Sons Hyattsville, Md. VR AI5 (4) 2DM 1/65 J. W. B.

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 07375 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DEPT PLACE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before odmission) b. COUNTY Prince George's o. COUNTY o. STATE 3 to Page Prince George's Maryland death. MARYLAND Department c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) b. CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 16 2, a... write RURAL and give nearest town)
Cheverly Md Kentland (Kentwood Apts) Hyatts. P O after D.O.A d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? 18. Give Pages 1, 2 alang with farm haurs Prince George's General Hospital 7568 Hawthorne St. Apt B ote YES NO X aurs after death. 3. NAME OF Lost 4 DATE 5 Doy Year within 72 DECEASED the May Nell 10, 66 M. Hilliard 19 (Type or print) DEATH S. SEX 9. AGE (In years 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS. birthdoy) Dec. 28, 1912 Hours female white WIDOWED K DIVORCED event CV and 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired) INDUSTRY COUNTRY? Virginia any Housewife pages own home 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME pengl be executed within = Cara L. Burnette E. Thomas staples File pup 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address rd "pending" in Chief Medical E (Yes, no, or unknown) (If yes give wor or dotes of service) permit. ar remayal, 579 07 5206 Holton: H Hilliard Kentland. no INTERVAL BETWEEN ONSET AND DEATH 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) IMMEDIATE CAUSE (0) Heart failure PART I. DEATH WAS CAUSED BY: This certificate should e, writing the ward farwarded to the Ch crematian, DUF TO Conditions, if ony, which gove (b) Arteriosclerotic heart disease over 9 mo. rise to immediate couse (a), DUE TO stoting the underlying couse used as burial, c 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) NO X please execute the certificate. agent, prior ta 20g. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port | or Port | of item 18.) PRIMARY Or CONTRIBUTING shauld CAUSE OF DEATH. 20c. TIME OF INJURY Month, Doy, Yeor 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) Hour o.m. foctory, street, office bldg., etc.) Not While FUNERAL DIRECTOR: Page ot work ot work designated 21. 1 certify that I taak charge of the remains described above, held an Autopsy Inspection X, Inquiry & and in my apinion Natural causes the funeral director. death resulted fram: Accident /Suicide Homicide Undetermined manner be retained CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE DEPUTY MEDICAL EXAMINER Health or **EXAMINER'S** 5-11-66 NAME (Type) John Kehoe, M.D. Riverdale, Md. Address (Street, city, town, or county) 23c. NAME OF CEMETERY OR REMANDRY 23d. LOCATION (City or Town) 230. BURIAL, CREMATION, 23b. DATE THEREOF (Stote) (County) 0 BEMOVA (Specify) Arlington Virginia May 13, 1966 Arlington National 24. FUNERAL DIRECTOR Gasch Hyattsville, Md. 25b. REGISTRAR'S SIGNATURE 2So. REC'D BY REGISTRAR s Sons Charles VR A15ME (5) 1966 6M 1/66

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 07376 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DEPT. PLACE OF DEATH . USUAL RESIDENCE (Where deceosed lived, if institution: Residence before owns you o. COUNTY Prince George's o. STATE Maryland b. COUNHaltimore 2, and 3 to PM3. Page after death. MARYLAND delay i b. CITY OR TOWN (If outside carparate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corparate limits, write RURAL and give nearest tawn) minutes Baltimore 28 d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street oddress) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? aminer's Office along with farm haurs Pennsylvania Railroad tracks 10 Roberts Avenue Give Pages NO X X after death. 3. NAME OF First Middle Lost 4. DATE within 72 Month Dov Year DECEASED Mary Julia May 19 66 Howard (Type or print) DEATH S. SEX 6. COLOR OR RACE 8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. 7. MARRIED X X NEVER MARRIED in Item 18. Jost birthdoy) Hours Negro March 2, 1932 event female WIDOWED DIVORCED 24 haurs C 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT during most of working life, even it retired)
Housewife INDUSTRY COUNTRYS . A. in any Maryland pencil 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME be executed within Mary Brown Samuel Hardy and permit H IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT 14 Roberts Ave Baltimore 28, Md. pending" ii burial, crematian, ar remaval, (Yes, no, or unknown) (If yes give wor or dotes of service) Aslean Ellerbee 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) INTERVAL BETWEEN PART I. DEATH WAS CAUSED BY: be farwarded to the Chief Avulsion of brain IMMEDIATE CAUSE (o)_ writing the ward This certificate shauld DUE TO Conditions, if ony, which gove rise to immediate couse (o), DUE TO stoting the underlying couse 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) YES NO X its designated agent, prior ta 20o. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) PRIMARY TO or CONTRIBUTING CAUSE OF DEATH. 20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) 12:07.PM Same as place of may be retained far yaur FUNERAL DIRECTOR: Page 5-15-66 death. ot work 21. I certify that I took charge of the remains described above, held an Autopsy Inspection 😿 , Inquiry 1 and in my opinion the funeral director. death resulted from: Notural causes Accident & Suicide . Homicide . Undetermined monner CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE 5 may be r TO FUNERAL Health ar i 5-15-66 DEPUTY MEDICAL EXAMINER **EXAMINER'S** After (Street aif down, bidounty) NAME (Type) John Kehoe, M.D. 23b. DATE THEREOF 230. BURIAL, CREMATION, 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (Stote) 5/19/66 Baltimore National Baltimore, Ma. VR A15ME (5) Rockville, Md.

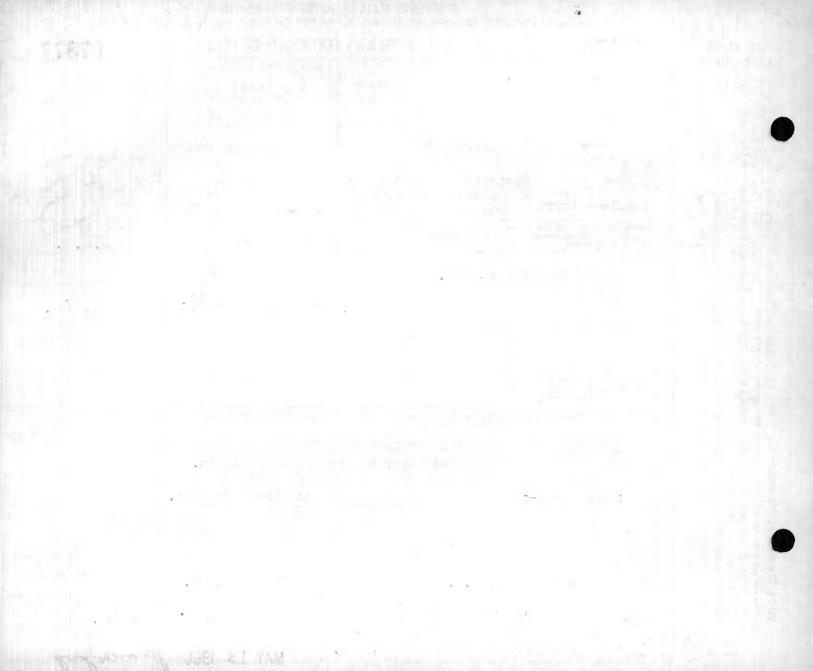
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FOR STATE_		0 101 O 101 101		CERTIFICATE OF DEA		7372
EALTH DEPT	1.	PLACE OF DEATH a. COUNTY Prince George's b. CITY OR TOWN (If outside corporate limits.	MARYLAND	2. USUAL RESIDENCE (Where deco	eosed lived, if institution: b. COUNTY Ba	Residence befare odmission) Itimore
2, and 3 ta PM3. Page partment of after daths		write RURAL and give nearest town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corp.	orote limits, write RURAL	ond give nearest town)
Depar Depar		Bowie d. NAME OF HOSPITAL OR INSTITUTION (If not in hospitol Pennsylvania Railroad		Baltimore d. STREET ADDRESS		e. IS RESIDENCE ON A FARM?
he State Department	-	NAME OF First	Middle	Lost 4 DATE Howard. Jr. DEAT	Month	Day Year
THE PERSON NAMED IN COLUMN TO PERSON NAMED I	S.	(Type or print) SEX 6. COLOR OR RACE 7. MARRIEL male Negro WIDOWER	NEVER MARRIED	Howard, Jr. DEAN B. DATE OF BIRTH 8-13-29	9. AGE (In years	15 19 66 FUNDER 1 YEAR IF UNDER 24 HRS Jonths Days Haurs Min.
, land y even	10 du	Do. USUAL OCCUPATION (Give kind af work done 10b.	KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stote or foreign Maryland	713.	12. CITIZEN OF WHAT COUNTRY?
e pages l d in any		3. FATHER'S NAME Raleigh Howard,	Sr.	14. MOTHER'S MAIDEN NAME Mae Burge	SS	
mit. File val, and	19 (Y		5. SOCIAL SECURITY NO. 17.	INFORMANT Ellerbe	Address	erts Ave ore 28, Ma.
files. 3 shauld be used as a burial-fransit permit. File pages land with the State Deint, priar ta burial, crematian, ar remaval, and in any event within 72 haurs		1B. CAUSE OF DEATH (Enter only one couse per line f. PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	or (a), (b), and (c).) Multiple skul.	l fractures		INTERVAL BETWEEN ONSET AND DEATH MINUTES
used as a burial-transit permit. burial, crematian, ar remaval,		Canditions, if any, which gave rise ta immediate cause (a), stating the underlying cause				
used as a burial,	NOIL	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	G TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE CONDITION GI	VEN IN PART 1(a)	19. WAS AUTOPSY PERFORMED? YES NO X
3 shauld be ent, priar ta	MEDICAL CERTIFICATION	20a. EXTERNAL CAUSE WAS PRIMARY™ or CONTRIBUTING □ CAUSE OF DEATH.		(Enter noture of injury in Part I or F		
age 3 sharagent, p	MEDICAL	20c. TIME OF INJURY Manth, Day, Year 20d. 12:04.PM.m. May 15 19 66 white at w.	INJURY OCCURRED 20e. PLA le Nat While Sar ork at wark Sar	tans strengt office bldg atch	(City or tawn) eath	(Caunty) (State)
5 may be retained for your files. 5 Provential Director: Page 3 shauld be Health ar its designated agent, priar to		21. I certify that I took charge of the red death resulted from: Natural causes (emains described above, he		tion 🗷, Inquiry Undetermined man	
ine toneral allector. To FUNERAL DIRECTO Health ar its design.		ACTUAL SIGNATURE EXAMINER'S	Jefr	M.D. ASSISTANT MEDICAL EXAM	INER ER FR	22. DATE SIGNED 5-15-66
The Tun 5 may 10 FUNE Health	23	NAME (Type) John Kehoe, M.I Jo. BURIAL, CREMATION, 23b. DATE THEREOF BOUTAL Specify) 5/19/66	23c. NAME OF CEMETERY OR Baltimore		, arany) LOCATION (City ar Tawn) altimore,	(County) (State)
VR A15ME (A)	-	FLIMERAL DIRECTOR	ADDRESS Rockville, Ma	25g REC'D BY REGIS		TRAR'S SIGNATURE

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE 07378 HEALTH DEPT. 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before odmission) 1. PLACE OF DEATH o. COUNTY Prince George's o. STATE b. COUNTY 3 to Maryland Baltimore
c. CITY QR TOWN (If outside carporate limits, write RURAL and give nearest town) MARYLAND Department b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b pup Bowie minutes Baltimore 28 d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? hours in Item 18. Give Pages 1, Pennsylvania Railroad tracks 10 Roberts Avenue YES NO X 3. NAME OF Middle First Lost 4. DATE Month Dov Year DECEASED 0F May Rosalind Marita Howard 15 66 19 (Type or print) DEATH 6. COLOR OR RACE 8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. 7. MARRIED NEVER MARRIED last birthdoy) female Negro Months Doys Hours 6-30-54 WIDOWED DIVORCED 24 hours pages land in ony even 10o. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 11. BIRTHPLACE (State or foreign country) 10b. KIND OF BUSINESS OR 12 CITIZEN OF WHAT INDUSTRY COUNTRY? Maryland Student 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME pencil should be executed within Mary Hardy Raleigh Howard, 1S. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes give wor or dates of service) 16. SOCIAL SECURITY NO. 17. INFORMANT 14 Roberts Ave Baltimore 28, used as o buriol-transit permit. burial, cremation, or removal, Aslean Ellerbee INTERVAL BETWEEN ONSET AND DEATH MINUTES 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).) PART I. DEATH WAS CAUSED BY: Avulsion of brain IMMEDIATE CAUSE (o) writing the word DUE TO Conditions, if ony, which gove rise to immediate couse (a), This certificate DUE TO stoting the underlying cause PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 19. WAS AUTOPSY PERFORMED? please execute the certificate. NO YES 20o. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port 1 or Port II of item 18.) Passenger in car struck by train. AL EXAMINER: CAUSE OF DEATH. 20e. PLACE OF INJURY (Home, form, 20c. TIME OF INJURY Month, Doy, Yeor 20d. INJURY OCCURRED 20f. (City or town) (County) (Stote) Not While of work Same as place of death. 5 may be retoined for your O FUNERAL DIRECTOR: Page 12:04PM While of work 5-15-66 6 21. I certify that I taak charge of the remains described above, held an Autapsy Inspection X Inquiry & and in my apinian Natural causes / Accident IXIX Suicide death resulted fram: Hamicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL SIGNATURE 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER O DEPUTY DEPUTY MEDICAL EXAMINER MANAGERS (Sireer, city, to In, or county) 5-15-66 0 **EXAMINER'S** John Kehoe, M.D. Heolth (NAME (Type) 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 230. BURIAL, CREMATION (County) (Stote) 5/19/66 Baltimore National Baltimore, Ma. 2Sb. REGISTRAR'S SIGNATURE ADDRESS 2So. REC'D BY REGISTRAR VR A15ME (5) Rockville, Ma. Milanelas



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 07379 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DEPT. 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) o. COUNTY Prince George's o. STATMaryland b. COMMILLimore 2, and 3 to PM3. Poge ofter death. MARYLAND b. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest tawn) c. LENGTH OF STAY IN 1b. c. CITY OR TOWN (If outside carparate limits, write RURAL and give nearest town) minutes Baltimore 28 d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? with the State Dep Office olong with form 10 Roberts Avenue Pennsylvania Railroad tracks pencil in Item 18. Give Poges YES NO X be executed within 24 hours ofter deoth. 3. NAME OF First lost 4 DATE Month Doy Year DECEASED 19 66 May Maria Howa.rd Roxanne (Type or print) DEATH S. SEX IF UNDER 1 YEAR 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years IF UNDER 24 HRS. lost birthdoy) Months Negro female 6-30-54 WIDOWED DIVORCED 10o. USUAL OCCUPATION (Give kind of work done 11. BIRTHPLACE (Stote or foreign country) 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT during most of working life, even if retired)
Student COUNTRY? A. INDUSTRY Maryland icate, writing the word "pending" in pencil in be forwarded to the Chief Medical Examiner's 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME Mary Hardy Raleigh Howard, Jr. ond 1S. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes give wor or dotes of service) 16. SOCIAL SECURITY NO. 17. INFORMANT 14 Roberts Ave. Baltimore 28, Ma. or removol, Aslean Ellerbee 1B. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).)
PART I. DEATH WAS CAUSED BY:

Multiple INTERVAL BETWEEN ELAS CHA FANO Multiple fractures IMMEDIATE CAUSE (a). s o buriol-tra cremotion, c (arms, legs, pelvis, and ribs) This certificate should writing the word DUE TO Conditions, if ony, which gove rise to immediate couse (a), DUE TO stoting the underlying couse 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) YES NO DOC ogent, prior to 20o. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 1B.) PRIMARYX or CONTRIBUTING 4 should CAUSE OF DEATH. Passenger of car struck by train. 20d. INJURY OCCURRED 20e, PLACE OF INJURY (Home, form, 20f. (City or town) (County) (Stote) 20c. TIME OF INJURY Month, Doy, Year fosameeratice blate of death. Not While 12:0HPM 5-15-66 FUNERAL DIRECTOR: Page ot work Heolth or its designated 21. I certify that I took charge of the remains described obove, held an Autapsy Inspection x Inquiry 1 and in my opinian death resulted fram: Natural causes /Accident/ Suicide . Hamicide 🗍 Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE 5-15-66 DEPUTY MEDICAL EXAMINER **EXAMINER'S** Ad Reis Vocandian Loun, Malunty) John Kehoe, M.D. NAME (Type) 23d. LOCATION (City or Town) 23c NAME OF CEMETERY OR CREMATORY 23o. BURIAL, CREMATION, (County) (Stote) 50 Baltimore, Md. 5/19/66 Baltimore National 2So. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE Ocharles VR A15ME (5) 1966 usurlen Rockville, Ma.

MARYLAND STATE DEPARTMENT OF HEALTH

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DEPT. 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission o. COUNTY Prince George's a. ST Warvland b. COHNIL timore deoth. MARYLAND b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. CITY OR TOWN (If outside carparate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b after (minutes Baltimore 28 d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? hours 10 Roberts Avenue Pennsylvania Railroad tranks Give Pages NO X 3. NAME OF Middle First Lost 4. DATE Month DECEASED Sha ron Michele Howard May 15 66 (Type or print) 19 DEATH S. SEX 6. COLOR OR RACE B. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. 7. MARRIED NEVER MARRIED lost bisthdoy) in Item 18. female Negro 11-2-56 WIDOWED DIVORCED 24 hours 10o. USUAL OCCUPATION (Give kind of work done during most of working lite, even if retired) 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY? A. INDUSTRY Maryland ony 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME be executed within .⊆ Raleigh Howard, Jr. Mae Harov ond E 15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, ar unknawn) ((If yes give war or dates of service) 16. SOCIAL SECURITY NO. 17. INFORMANT 14 Roberts Ave. or removal, Aslean Burgess Baltimore 28, Ma. 1B. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) INTERVAL BETWEEN PART I. DEATH WAS CAUSED BY ONSET AND DEATH IMMEDIATE CAUSE (o) certificate should e, writing the word forworded to the Ch cremotion, DUE TO Conditions, if ony, which gove rise to immediate couse (a), DUE TO stoting the underlying couse 0 burial, c 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) pleose execute the certificate, YES NO X pe 20o. EXTERNAL CAUSE WAS PRIMAR P or CONTRIBUTING □ 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port 1 or Port 11 of item 1B.) CAUSE OF DEATH. Passenger in car struck by train. 20f. (City or town) 20c. TIME OF INJURY Month, Dov. Year 20e. PLACE OF INJURY (Home, farm, (Stote) Same el shiptace of death 5-15-166 ot work of work 21. I certify that I took charge of the remains described above, held on Autopsy Inspection Tx. Inquiry x, ond in my opinion deoth resulted from: Noturol couses Accident X Suicide Homicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE 5-15-66 TO DEPUTY DEPUTY MEDICAL EXAMINER **EXAMINER'S** Heolth o AddRa warda law, Malny) John Kehoe, M.D. NAME (Type) /23b. DATE THEREOF 23d. LOCATION (City or Town) 23o. BURIAL, CREMATION; 23c. NAME OF CEMETERY OR CREMATORY (County) (Stote) 0 BUT 1 2 1 5/19/66 Baltimore, Ma. Baltimore National 24. FUNERAL DIRECTOR **ADDRESS** 2So. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE VR AISME S Rockville, MG. Milarle, Jud

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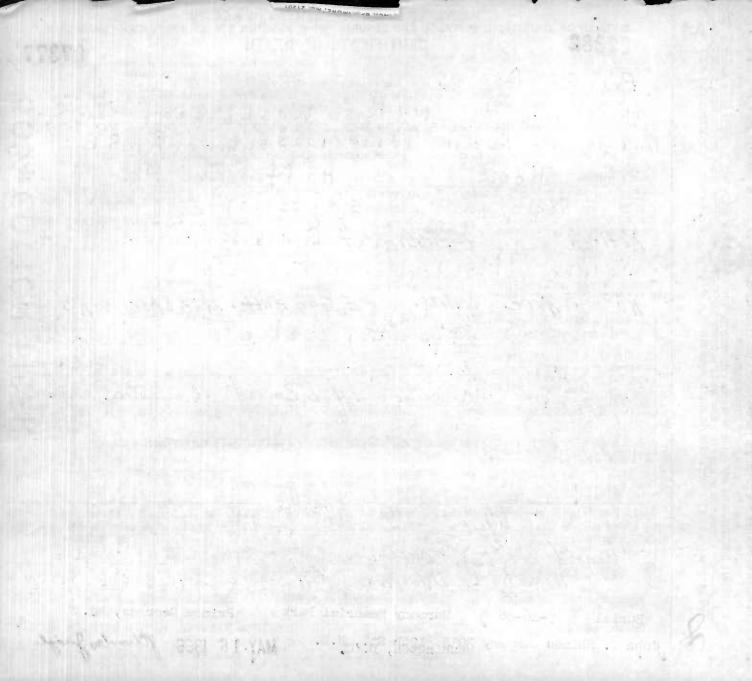
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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1. MARYLAND CERTIFICATE OF DEATH funeral and 2 ツッツッ and 1. PLACE DF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. COUNTY b. COUNTY a. STATE after Pages 1 urs after MARYLAND OY b. CITY OR TOWN (if outside corporate limits, C) c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) p write RURAL and give nearest town) hours days 115 a 0 filled d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE within 72 ON A FARM? 22 0 YSING umner NO -YES executed within completely carbon NAME DE First Middle 4. DATE Month Day Year Last DECEASED event, M (Type or print) 5 a DEATH au 0 19 66 6. COLOR OR RACE | 7. MARRIED 5. SEX DATE OF BIRTH remove 8. AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS NEVER MARRIED last birthday) Months | Days any Hours and DIVORCED T WIDOWED 5 1Da. USUAL OCCUPATION (Give kind of work done during mest of working life, even if retired) 10b. KIND OF BUSINESS OR an 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT pe ease INDUSTRY and COUNTRY? men U.S.a that the death certificate FATHER'S NAME MDTHER'S MAIDEN NAME remova attending ances 5 0 15. WAS DECEASED EVER IN U.S. ARMED FDRC ES? ed by the attenctransit permit. 16. SOCIAL SECURITY NO. INFORMAN1 Address (Yes, no, or unkown) (If yes give war or dates of service) CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] 18. INTERVAL BETWEEN O FUNERAL DIRECTOR: After this certificate has been signed by the director, page 3 should be detached for use as the burial-transit should be filed with the State Dept. of Health prior to burial, cremal DNSET AND DEATH PART I. DEATH WAS CAUSED BY O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that ti Page 4 may be retained by the hospital or attending physician. IMMEDIATE CAUSE (a) DUE TO Conditions, If any, which (b) gave rise to Immediate DUE TO cause (a), stating the underlying cause last, (C) CERTIFICATION PART II. DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19 WAS AUTDPSY PERFORMED? NO [YES 2Da. ACCIDENT WAS UNDERLYING [20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) DR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20c. TIME OF INJURY Month, Day, Year 20d. INJURY DCCURRED | 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) factory, street, office bldg., etc.) Hour a.m. While Not While 19 at work at work 21. I certify that (I) (this hospital) attended the deceased from 19 saw the deceased alive on. and that death occurred at O M. from the causes and on the date stated above. 22a. SIGNATURE 22b. DATE SIGNED ATTENDING PHYS. STAFF PHYS. DIRECTOR PHYSICIAN'S 22c. 22d. **ADDRESS** director, p NAME (Type) BURIAL, CREMATION, 23b. DATE THEREOF NAME OF CEMETERY OR CREMATORY (State) LOCATION (City, town or county) REMDVAL (Specify) Harmony Memorial Park Prince Georges, Md. 5-16-66 Burial 24. FUNERAL DIRECTOR ADDRESS REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

1966

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John T. Rhines Company



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH death. funeral after death. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. COUNTY the h b. COUNTY a. STATE Prince George's Co. after Marvland Georges MARYLAND . Pages hours afte b. CITY OR TOWN (if outside corporate limits, c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b p write RURAL and give nearest town) hours Berwyn Heights. Md. E Riverdale, Md.
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) papers. d. STREET ADDRESS filled e. IS RESIDENCE ON A FARM? 24 within Eugene Leland Memorial Hospital 5709 Seminole St. NO K YES completely ye carbon p within NAME DE 3. Last Month Day Year Middle DATE DECEASED and comple remove carb n any event, v Wilbur T. 5/15/66 (Type or print) Hunt DEATH 19 executed AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS 5. SEX 6. COLOR OR RACE DATE OF BIRTH 7. MARRIED NEVER MARRIED last birthday) Months | Days Hours | Male 10/17/12 White WIDOWED | DIVORCED 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) INDUSTRY 12. CITIZEN OF WHAT COUNTRY? ease nand in 11. BIRTHPLACE (County & State, or foreign country) U.S.A. ELECTRONICS attending physic ermit. Then ples on or removal, ar FCU Elect. Tech Kentucky
14. MOTHER'S MAIDEN NAME death certificate 13. FATHER'S NAME Mary Elizabeth Spurlock Samuel K. Hunt 17. INFORMANT 15. WAS DECEASED EVER IN U.S. ARMED FORCES? Address 16. SOCIAL SECURITY NO. been signed by the attenthe burial-transit permit. (Yes, no, or unkown) | (If yes give war or dates of service) UNKNOWN Wife 40407 Same as patient INTERVAL BETWEEN CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] ONSET AND DEATH PART I. DEATH WAS CAUSED BY: D HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the Page 4 may be retained by the hospital or attending physician. IMMEDIATE CAUSE (a) DUE TO Cenditions, If any, which gave rise to immediate as the prior to DUE TO cause (a), stating the underlying cause last. (c) CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY 19. for use Health PERFORMED? certificate NO T YES PHYSICIAN: 20a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury in Part I or Part II of Item 18.) detached f MEDICAL 20c. TIME OF INJURY Month, Day, Year (State) 20d. INJURY OCCURRED 120e, PLACE OF INJURY (Home, farm, 20f. (City or town) (County) factory, street, office bldg., etc.) Hour a.m. Not While et work After Id be d at work p.m DIRECTOR: A age 3 should iled with the S 21. I certify that (I) (this hospital) attended the deceased from that (I) (we) last to. M. from the causes and on the date stated above. saw the deceased alive on and that death occurred at DATE SIGNED SIGNATURE 22b. 22a. page ATTENDING PHYS. STAFF PHYS. M.D. DIRECTOR o FUNERAL director, pa should be fil PHYSIC NAM'S 22d. ADDRESS NAME (Type) LOCATION (City, town or county) (State 23b. DATE THEREOF NAME OF CEMETERY OR CREMATORY 23d. BURIAL, CREMATION. 23c. REMOVAL (Specify) 2 1966 8 wie 25a. REC'D BY REGISTRAR REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR ADDRESS 25b. 400 VR A15 (4) 20M 1/65

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	ecuted within 24 hc completely filled in ave carbon papers. y event, within 72 h	3.	NAME OF DECEASED (Type ar print)	Fi Milton	irst	Middle		last Jenifer		onth 5 -	Day Yes 19 19 (66
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	physice physics oval, c	13.	FATHER'S NAME	Carrie And Other				14. MOTHER'S MAIDEN	NAME			
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	equires that the deoth certific physicion. signed by the attending physburial-transit permit. Then puriol, cremotion, or removal.	(Y	was deceased eve es, no, or unknown)	R IN U.S. ARMED FORCES? (If yes give war ar dates o	of service)	OCIAL SECURITY NO.	17. 11	of decedent	Add	dress		
	he at per per tion	-	IB. CAUSE OF DE	ATH (Enter only one cau	use per line for (o), (b), ond (c).)					INTERVAL BET	TWEEN
	equires that the physicion. signed by the control-transit puburial-transit puburial, cremation		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Pulmonary thromboembolism							1 day	JEAIN	
	sicion ed b al-tr		Conditions, if any,	DUE which gave	Oran de	iplegia				1	7 mo.	
	phy phy sign buri buri	9	rise ta immediat	e cause (o),	10							
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	the her this detach	MEDICAL	Hour o.n	n. Sept II 19	65 While of wark	JURY OCCURRED Nat While at work	facto	E OF INJURY (Hame, farr pry, street, affice bldg., etc.)	?		(Stote)
د	ATTENDING etoined by the CTOR: After to should be divite the State				spital) attend	led the deceased	fram	4/25/	19 <u>6</u> , ta 5/1	9/, 1966	, that (IX	(we) las
	OR: OOR: ould			eceased alive an_	5/19/	19.66,	and that	death accurred at	5:20AMfram cause		e date state TE SIGNED	d abave
	R A reto		22a. SIGNATURE	Mare	Man		M.D	ATTENDING D	MED. STAFF PHYS.	-	19/66	
	be be ge		22c. PHYSICIAN'S	10011	· vun		M.D	22d. ADDRESS	DIRECTOR DE PHIS.	<u> </u>	19/00	
	RAI RAI		NAME (Type)	Moe Weis	s, M.D.			Glenn Da	le Hoapital,	Glenn I	ale ,]	MD.
	TO HOSPITAL OR ATTENDING PHYSICIAN: The low re Page 4 may be retained by the hospital or attending to FUNERAL DIRECTOR: After this certificate has been director, page 3 should be detached for use as the should be filed with the State Dept. of Health prior to	23	BURIAL CREMATIC REMOVAL (Specify	ON, 23b. DATE TH	FEREOF 14-66	23c. NAME OF CEM	ETERY OR (REMATORY	23d. LOCATION (City or	Tawn) ((Саипту)	Stote)
	5-5	2	4. FUNERAL DIRECTO)R		ADDRESS		2Sa. REC		REGISTRAR'S SIG		100
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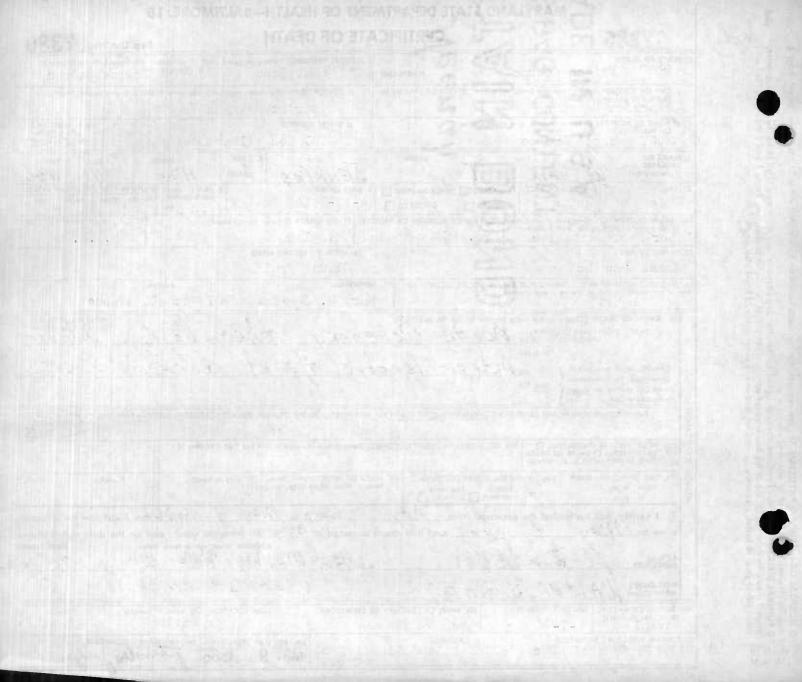
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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 02380

1	PLACE OF DEATH o. COUNTY Prince George MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE Maryland b. COUNTY Prince George
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) District Heights	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) District Heights
	d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION 2707 Rochell Avenue	d. STREET ADDRESS 2707 Rochell Avenue e. IS RESIDENCE ON A FARM? YES NO
3	NAME OF DECEASED (Type or print) Widdle	JENKINS 4. DATE Month Doy Year OF DEATH May 4 1966
5	SEX Male 6. COLOR OR RACE White White Married Never Married Widowed Divorced Divorced	8. DATE OF BIRTH 4-12-1914 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. Hours Min. H
I	during most of working life, even if refired) abor Representative Bro. of Trainmen	n Maryland U.S.A.
13	James Jenkins	14. MOTHER'S MAIDEN NAME Clara Crowle
1		
	(es, no. or unknown) (If yes, give wor or dates of service)	Mary E. Jenkins 2707 Rochell Avenue
	Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse last. DUE TO (b) ARTERIOS/ERO DUE TO (c)	fic Henrt disense 6 yrs.
CATION		NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO
CERTIF	(IF EITHER, NOTIFY MEDICAL EXAMINER)	D. (Enter nature of injury in Part I ar Part II of item 18.)
MEDICAL	20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 40e. PL While Not while for work 19 of work 10 to wo	ACE OF INJURY (Home, form, ctary, street, office bldg., etc.) 20f. (City or town) (County) (State)
	118 (7)	n accurred at 3/P. M. fram the causes and an the date stated abave. ADDRESS (Street city or town, stole) DATE SIGNED
	PHYSICIAN'S WALTER B. SHEER	M.D. 7306 MARIBORO TIKE S.E. May 4.50 (NASH, D.C. 20028
22	Burial Cremation, Burial Specify 5-7-66 Sate of Heav	
	FUNERAL DIRECTOR'S SIGNATURE ADDRESS ilhelm Funeral Home 4308 Suitland Rd S	Suitland MAY Q 1966 Policy Colomba Colomba



1	MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLA	ND.
4 F24	07386 CERTIFICATE OF DEATH 073	381
hours after death. J in by the funeral s. Page. and 2 fours are death.	1. PLACE DF DEATH a. CDUNTY 2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence be a. STATE b. COUNTY	fore admission
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Page 7	b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) Cheverly c. LENGTH OF STAY IN 1b c. CITY OR TOWN (if outside corporate limits, write RURAL and give representation) Brandywine	idaldst town
20.00	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. 1	S RESIDENCE ON A FARM?
	Prince George's General Hospital Route 1, Box 267-B	
completely event within event within	3. NAME OF DECEASED First Middle Last 4. DATE Month Day OF OF DECEASED Johnson DEATH May 27	Year
comple we care event	5. SEX 6. COLOR OR RACE 7 MARRIED NEVER MARRIED 18. DATE OF BIRTH 19. AGE (In years I IF UNDER 1 YEAR IIF	
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cate be physician and in please	13. FATHER'S NAME	
ding p Then remove	Charles Joseph Johnson Elsie M. Chapman	
th ce tend nit.	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unknown) (If yes give war or dates of service)	7-B.
deat he at pern tion,	18. CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c), 1	AL BETWEEN
ries that the deat physician. signed by the at burial-transit pern burial, cremation,	PART I, OEATH WAS CAUSED BY: DNSET	AND DEATH
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phy phy n sign puri	Conditions, if any, which gave rise to immediate (b)	
The law requires that the death certificate be executed within or attending physician. Cate has been signed by the attending physician and completely or use as the burial-transit permit. Then please remove carbon lealth prior to burial, cremation, or removal, and in any event, with	cause (a), stating the OUE TO Bulakeed acut Pronchopmen	
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OR ATTENDING PHYSICIAN: be retained by the hospital INECTOR: After this certific as 3 should be detached forest with the State Dept. of Head with the State Dept.	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. W P YES 20a, ACCIDENT WAS UNDERLYING DR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part 11 of Item 18.)	
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ATTENDING retained by CTOR: After Should be with the State		(I) (we) las
L OR ATTEND by be retained DIRECTOR: A age 3 should filed with the	saw the deceased alive on 5/27 19 66, and that death occurred at 7:35M, from the causes and on the date s 22a. SIGNATURE A. M. 22b. DATE SIGNI	
	M.D. ATTENDING MED. STAFF 5/28/66	
HOSPITAL age 4 may FUNERAL I Irector, pag lould be fill	22c. PHYSICIAN'S 22d. ADDRESS 12d. ADDRESS 6607 Riverdale Rd., Riverdale, M	(d
HOS age FUN FUN Irect	23a. BURIAL CREMATION, 23b. DATE THEREOFY 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county)	(State)
55 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	Bremoval (specify) May 30/66 St. Mary Church Cem. Bryantown, Ma 24. EUNERAL DIRECTOR ADDRESS 125a, REC'D BY REGISTRAR 25b, REGISTRAR'S SIGNATURE	Z.
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TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please temove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

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1. PLACE OF DEA	TH George's			2. USUAL RESIDEN a. STATE Maryla		b_COUNT	Υ _	
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Write RURA	L and give nearest to	vn)	c. LENGTH OF STAY IN 1b	c. CITY DR TOWN (I	f outside corpora	te ilmits, write	RURAL and a	give nearest town
Cheverl			1 days	Bowie			16	- 1
d. NAME DF H	DSPITAL OR INSTITUTION	ON (if not in ho	ospital, give street address)	d. STREET ADDRESS				e. IS RESIDENC DN A FARM?
	George's Ge		ospital	4th &	Chestnut	Avenue		YES NO
3. NAME OF DECEASED	_	Irst	Middle	Last	4. DATE	Month	Da	ay Year
(Type or print)	Ig	natious		Johnson	DEATH	May	3	1966
5. SEX	6. COLDR DR RACE	7. MARRIED	XX NEVER MARRIED	8. DATE OF BIRTH	9. AG	E (In years II	UNDER 1 YEA	AR IF UNDER 24 HR
Male	Negro	WIDOWED	DIVORCED _	2/9/07		t birthday) N 59 yrs.	lonths Days	Hours Min.
during most of wor	ATION (Give kind of work rking life, even if retire	done 10b. K	IND DF BUSINESS OR	11. BIRTHPLACE (C	County & State, or fo	reign country)	12. CITIZEI	
Laborer)	Pe	nna. Railroad	Maryl	and			U.S.A.
13. FATHER'S NA	ME			14. MOTHER'S MAI	DEN NAME			MAD AZIA
Alfmai	T become			Trobbs				
Alfred	Johnson DEVER IN U.S. ARMED FO	DRCES? 16	SOCIAL SECURITY NO. 17.	Hattie		Addrage		
(Yes, no, or unkown)	(If yes give war or dates	of service)			1	th &	Chestr	nut Ave
Yes	WWII	Ur	iknown He	nrietta J	ohnson-l	Bowle.	Mary!	land
		A	ne for (a), (b), and (c).]	. (TERVAL BETWEEN NSET AND DEATH
PART I. (DEATH WAS CAUSED BY IMMEDIATE CAUSE	(a) A(16	to myssalla	interco	ILh			MINI/
420	DUE.	1 .						- 10
Cenditions, if		. HJ	oriou milit	noutdicello.			M	In 1 Vas.
gave rise to	Immediate ((b) ///	er escherolit	The forther				7 (1)
cause (a),		10						
underlying car		(C)	TIMO TO DESTRUCTO OF A	TED TO THE TED 111111	DIAGON ACTION	ON ONE WIND	DT 1(-) [10	WAS ALITORSY
PARTII. OTHER 20a. ACCIDEN OR CONTRIBU	CSIGNIFICANI CONDITI	ONSCONTRIBU	TING TO DEATH BUT NOT RELA	TED ID THE TERMINAL	DISEASE CONDITIO	JN GIVEN IN PA	ART 1(a) 19	PERFORMED?
101:	neumunia, L.	posihilVI					1	YES NO
20a. ACCIDEN	T WAS UNDERLYING	TH 20b. C	DESCRIBE HOW INJURY OCCU	JRRED. (Enter nature o	f injury in Part I	or Part II of	Item 18.)	
(IF EITHER, N	TING CAUSE OF DEA	NER)						
N 20c. TIME OF	INJURY Month, Day,	Year 20d. If	NJURY OCCURRED 20e. PLA	CE OF INJURY (Home, f	arm, 20f. (City	or town)	(County)	(State)
20c. TIME OF Hour a		While	Mot while	ry, street, office bldg.,	etc.)			
	o.m. 19	at work			. 00			
			ed the deceased from M		966 , to Ma			that (we) las
	eceased alive on	May 3	19 66, and that	t death occurred a	:20 M, from t			
22a. SIGNATI	URE C	, 11	1./.	ATTENDING -	MED.	STAFF	22b. DATE S	SIGNED
	Tealin	11_	WILL M.D		DIRECTOR [HYS.	Vay 4	1466
22c. PHYSIC NAME (T	11		22d. ADDRESS		1. (1	0.01	sta.
TANKE (Dr. Fred	lerick H	H. Wilhelm	15511 LVN1	WWW HIVE	h	11/00	141
23a. BURIAL, CRE	MATION, 23b. DATE	THEREOF	23c. NAME OF CEMETERY	OR CREMATORY	23d. LOCAT	ION (City, tow	n or county)	(State)
REMOVAL (S	pecify) 5-9-	66	\m14	37-4-1	Anla	no order	77.4	
24. FUNERAL DIF		00	Arlington	Wational RE	C'D BY REGISTRA	ngton	ISTRAR S'SE	MATOREA
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16	MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
FOR STATE	07388 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 07383
Poge to Signature of the signature of th	PLACE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) 0. STATE 0. COUNTY Naryland Prince George's C. LENGTH OF STAY IN 1b C. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest tawn)
after death. If any delay is 8. Give Pages 1, 2, and 3 to olang with form PM3. Page with the Stote Deportment of within 72 hours after detth:	write RURAL and give nearest tawn) Cheverly DOA Oxon Hill d. NAME OF HOSPITAL OR INSTITUTION (If not in hospitol, give street oddress) d. STREET ADDRESS e. IS RESIDENCE ON A FARM?
Pages 1, rith form stote De Stote De 672 hours	Prince George General Hospital 6610 Klavstad Drive YES NO 3. NAME OF First Middle Lost 4. DATE Month Doy Year
hours after death. If them 18. Give Pages 1, Office olang with form lond 2 with the State De event within 72 hours	(Type or print) Joseph Wallace Johnson DEATH 5 19 66 S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years lef under 1 YEAR IF UNDER 24 HRS. lost birthdov) Months Days Hours Min
hours tem 1 Office ond 2 event	Male Negro WIDOWED DIVORCED 9 July 1914 51 yrs.
d within in pencil i	Charles Johnson 14. MOTHER'S MAIDEN NAME Elnore Hewking
be executed "pending" in hief Medical E onsit permit. F	15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give wor or dotes of service) 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Asphyxiation 16. SOCIAL SECURITY NO. 17. INFORMANT Address INTERVAL BETWEEN DISSET AND DEATH minutes
te should the word I to the Ch a burial-tra	Conditions, if ony, which gave rise to immediate couse (a), stating the underlying couse lost. DUE TO (b) From cave in. (c)
his certifica ate, writing e forwarde be used as to buriol, c	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? PERFORMED? YES \(\oldots \) PRIMAR DO OF CONTRIBUTING \(\oldots \) PRIMAR DO OF CONTRIB
please execute the certificate and director. Page 4 should be for retoined for your files. L DIRECTOR: Page 3 should be its designoted agent, prior to	20c. TIME OF INJURY Month, Day, Year Hour o.m. 10:30amp.m. 5-5- 1966 of work of otwork of work of wo
TO DEPUTY MEST AL EXAMIN necessory, please execute the the funeral director. Page 4 st 5 moy be retained for your fill TO FUNERAL DIRECTOR: Page 3 Health or its designofed agent	death resulted from: Notural causes , Accident x , Suicide , Homicide , Undetermined monner
TO DEPUTY necessory, the funeral S may be TO FUNERAL Health or A	EXAMINER'S NAME (Type) John Kehoe, M.D. Riverdale, Md. Address (Street, city, town, or county) 230. BURIAL, CREMATION 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (Stote) REMOVAL (Specify) 5/10/66 Harmony Mem. Park Landover, Md.
VR A15ME (5)	Buriai 5/10/66 Harmony Mem. Park Landover. Md. 24. FUNERAL DIRECTOR ADDRESS 250. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE John T. Rhines & Co. 3015 12th St., N.E. DAMAY 1.2 1966 (Clearly U.

The second of th Little Land Herself of the State Control of the Con . Exce fm · parties, and appears of THE RESERVE AND ADDRESS OF THE PARTY OF THE THE PARTY SHEET AND THE PROPERTY OF THE PARTY OF THE PART

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 FOR STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DERI PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) o. COUNTY b. COUNTY of death. District of Columbia
c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest tawn) Prince George MARYLAND CITY OR TOWN (If outside cornorate limits c LENGTH OF STAY IN 16 puo write RURAL and give nearest town) after Washington Camp Springs 1,5 m.
d. NAME OF HOSPITAL OR INSTITUTION (If nat in hospital, give street address) 45 minutes d. STREET ADDRESS e. IS RESIDENCE ON A FARM? hours Office along with form in Item 18. Give Poges 30th St., S.E Andrews Air Force Base Hospital YES 🗍 NO -24 hours after deoth. 3. NAME OF Month Year DECEASED William E (Type or print) Johnson within DEATH S SEX 6. COLOR OR RACE B. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR 7. MARRIED NEVER MARRIED lost birthdoy) Months WIDOWED DIVORCED 26 Mar., 1905 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired) COUNTRY? UNDUSTRY PLUMBER LUMBING Examiners pencil 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME be executed within OHNSON Φ pub WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. INFORMANT rd "pending" in Chief Medical E (Yes, no, or unknown) (If yes give wor or dates of service remavol. INK 1B. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) INTERVAL BETWEEN buriol-tronsit PART I. DEATH WAS CAUSED BY ONSET AND DEATH cremotian, or Hemorrhage and shock IMMEDIATE CAUSE (o)_ certificate should e, writing the word farwarded to the Cl DUE TO Conditions, if ony, which gove Multiple pelvic fractures and fracture of (b) rise to immediate couse (a). DUE TO rt femur 1 hr 15 mi stoting the underlying couse used os burial, c 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) the certificate, NO designated agent, prior to 20o. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part I or Port II of item 18.) PRIMARY Gor CONTRIBUTING CAUSE OF DEATH. EXAMINER: Pedestrian struck by car 20e. PLACE OF INJURY (Home, form, 20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20f. (City or town) (County) (Stote) foctory, street, office bldg., etc.) Hour o.m. Not While may be retoined for yaur FUNERAL DIRECTOR: Page at wark 5 ot work Camp Springs P.G pleose execute Md 21. I certify that I taok charge af the remoins described obave, held on Autopsy Inspection x, Inquiry ond in my opinion Marurol couses, Accident Suicide deoth resulted fram: Undetermined manner Homicide CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE funerol O DEPUTY Riverdale, Md DEPUTY MEDICAL EXAMINER C 0 **EXAMINER'S** John Kehoe, M.D. 5-22-66 5 may TO FUNE Health NAME (Type)

23c. NAME OF CEMETERY OR CREMATORY

VR A15ME (56

24. FUNERAL DISECTOR

23b. DATE THEREOF

23d. LOCATION (City or Town)

25 CHARLES SIGNATURE

3273 MAY 2 5 1966 JOHN 2000 MAN

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66 Juneary 33		Manual Control	

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 07385 HEALTH DEPT. 1. PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission a. COUNTY n STATE Poge b. COUNTY 0 Prince George's MARYLAND Tllinois delay Deportment b. CITY OR TOWN (If autside carparote limits, write RURAL and give nearest town) c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest tawn) c. LENGTH OF STAY IN 1h pup ofter o Cheverly 12 hours Stewardson d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? hours Give Poges Prince George General Hospital YES NO X Rural Rt. after death. 3. NAME OF with the St within 72 Last 4. DATE Doy Year DECEASED (Type or print) Lawrence Jones DEATH 1966 IF UNDER 24 HRS. 6. COLOR OR RACE 9. AGE (In years 7. MARRIED 8. DATE OF BIRTH IF UNDER NEVER MARRIED Item 18. last birthday) Months Days Haurs 24 hours Male White WIDOWFD DIVORCED Aug. 1947 11. BIRTHPLACE (State or foreign country) 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT during most of warking life, even if retired) INDUSTRY COUNTRY? SOLDIER 13. FATHER'S NAME U.S ARMY 2 LLINOIS Chief Medical Exominer's certificate should be executed within pencil pag in o 14 MOTHER'S MAIDEN NAME UNKNOWN File UNKNOWN WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. WAS THELEH THOMPSON SAME AS #2 removal (Yes, no, ar unknown) (If yes give war ar dates of service) UNKNOWN CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY: INTERVAL BETWEEN burial-tronsit ONSET AND DEATH Hemorrhage and shock 0 IMMEDIATE CAUSE (a) s o burial-tro cremation, writing the word From Laceration of spleen, rupture of stomach Canditians, if any, which gave and fracture of right tibia and fibula forwarded to rise to immediate cause (o), DUE TO stating the underlying cause 00 buriol, o PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? This the certificate, 0 NO X pe 20a. EXTERNAL CAUSE WAS PRIMARY ♣ ar CONTRIBUTING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) ogent, prior 3 should 4 should CAL EXAMINER: CAUSE OF DEATH Passenger of car involved in head-on collision 20c. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm. 20f. (City or town) (County) (State) Not While Baltimore Washington Parkway 5 moy be retoined for your O FUNERAL DIRECTOR: Page While at wark Nat While 2:25pm p.m. 4-30designoted 21. I certify that I took charge of the remoins described above, held on Autopsy Inspection x, Inquiry x noinigo ym ni bno the funeral director. death resulted fram: Natural causes) Suicide . Accident x Undetermined manner Hamicide | CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE 0 DEPUTY MEDICAL EXAMINER **EXAMINER'S** NAME (Type) John Kehoe, M.D. Riverdale, Md. Address (Street, city, tawn, ar caunty) 5-2-66 23a. BURIAL, CREMATION 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (State) REMOVAL (Specify) CEMETERY FINLAY. 1LLINOIS VR A15ME (5) CHAMBERS CO., Riverdale, Md. 6M 1/66

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K		Division of STATIS		MARYLAND STATE D ARCH AND RECORDS, 3			MARYLAND 2	1201	
(M)	0739			ICAL EXAMINER'S					86
death.	PLACE OF DEATH o. COUNTY Pr	ince George	e1s	MARYLAND	2. USUAL RESIDEN o. STATE Maryl	NCE (Where deceosed lived, i	f institution: Resid b. COUNTY		
00	b CITY OR TOWN	If outside corporate limit d give nearest town)		c. LENGTH OF STAY IN 1b	c CITY OR TOWN	(If outside corporate limits, v	write RURAL and g	ive neorest to	own)
		o Park Road		give street oddress)	d. STREET ADDRES			e. I	S RESIDENCE ON A FARM? NO X
3.	NAME OF DECEASED (Type or print)		irst	Middle Ester	Lost Kent	4. DATE OF DEATH	Month 5	Doy 15	Year 1966
S.	sex male	6. COLOR OR RACE	7. MARRIED WIDOWED	NEVER MARRIED DIVORCED	B. DATE OF BIRTH 5-22-58	9. AGE (In lost birth	yeors IF UNDE	ER 1 YEAR IF	Hours Min.
	o. USUAL OCCUPATION Oring most of working	(Give kind of work done life, even if retired)		IND OF BUSINESS OR HDUSTRY	Md.	Stote or foreign country)	12.	CITIZEN OF W	HAT .
1:	3. FATHER'S NAME Jam	es Kent			14. MOTHER'S MAI	den name Helen Smith			
Ival, and	S. WAS DECEASED EVE Yes, no, or unknown)	R IN U.S. ARMED FORCES? (If yes give wor or dotes	of service) 16.		informant Helen Ker	nt 8 Robert	Address Ave. (Caton	sville
burial, cremation, ar remaval,	18. CAUSE OF D PART I. DEA Conditions, if ony rise to immedial stating the under	, which gove) e couse (o), ((o), (b), and (c).) lsion of brain	n			INTERV ONSET manu	AL BETWEEN AND DEATH Les
ATION	PART II. OTHER S	GNIFICANT CONDITIONS	CONTRIBUTING	TO DEATH BUT NOT RELATED TO) THE TERMINAL DISEAS	E CONDITION GIVEN IN PART	1(0)	19. W/ PEI YES	AS AUTOPSY REORMED?
AI CERTIFICATION	20o. EXTERNAL CA PRIMARY X or CO CAUSE OF DEATH.	NTRIBUTING 🗆	pas	scribe how injury occurred senger in aut	o struck b	y railroad to	rain		
MFDICAL	TY: OHDIID	n. 5-15 196	66 While	Not While I Jer		Road Bowie	9	P.G.	(Stote) Md.
	death resul		al causes	Accident Su	ricide, Homi	icide [], Undetermi	Inquiry 🔀 ned monner [my opinion
WEDICAL CRITICION	SIGNATURE	hn Kehoe M	D. Ri	verdale, Mary	DEPUTY N	F MEDICAL EXAMINER (X) MEDICAL EXAMINER (X) Street, city, town, or county)			5-15-66
23	BURIAL, CREMATION REMOVAL SPECT	ON, 23b/ DATE TH		23c. NAME OF CEMETERY OF Baltimore	R CREMATORY	em. 23d, LOCATION (Ci	ty or Town)	(County) IV	Ad (Stote)
Ros	24. FUNERAL DIRECTO	1 Vilen	1 /34	8 Blenn		REC'D BY REGISTRAR	25b. REGISTRAR'S		ter

	DIVISION OF STATISTICAL RESEARCH AND RECOR	DEPARTMENT OF HEALTH DS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
-		TE OF DEATH 07387
1	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) MARYLAND C. LENGTH DF STAY IN	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest tow
	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street addre	d. STREET ADDRESS O. IS RESIDENCE ON A FARM? YES NO
3	NAME DF First Middle DECEASED (Type or print)	Last 4. DATE Month Oay Year DE DEATH 19
	6. COLOR OR RACE 7. MARRIED NEVER MARRIED DIVORCED DIVORCED DA. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR	8. DATE DF BIRTH 9. ACE (In years left UNDER 1 YEAR FUNDER 24 HI Hours Mile Aug. 1.1906 59 yrs. 1.10 1
d	uring most of working life, even if retired) Housewife At Home	11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? Virginia USA
]	3. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
(Yes, no, or unkown) (If yes give war or dates of service)	Mildred Pinkard 7. INFORMANT 418 Essex Drive
_	NO 18. CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c).]	Doris McLaren Lexington Park, Md.
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, If any, which gave rise to immediate cause (a), stating the underlying cause last. DUE TO (b) DUE TO (c)	ed attenosclerosis year
CEPTIFICATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT R	PERFORMED?
		CCURRED. (Enter nature of Injury In Part I or Part II of Item 18.)
MEDICAL		PLACE OF INJURY (Home, farm, county) (County) (State) ctory, street, office bldg., etc.)
	21. I certify that (I) (this hospital) attended the deceased from saw the deceased alive on May 27 1966, and to 22a. SIGNATURE 11 3 and to 25 and	April 18 , 19 66 , to May 27 , 19 66 , that (I) (we) latch that death occurred at M, from the causes and on the date stated above the course of the course and on the date stated above the course of the course of the causes and on the date stated above the course of the course o
	Burial, cremation, 23b. Date thereof 23c. NAME OF CEMET Burial 5/31/66 Bethany Ce	ERY OR CREMATORY 23d. LOCATION (City, town or county) (State) emetery Callao Virginia 25a. REC'O BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
	J. W. LLL 300 4 ST A	DANIN 2 1966 Acharles Judge

The first term of the first term of the first section of the first secti May not not be a series of the series of the

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STAND HEALTH DEPT. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) o. COUNTY o. STATE b. COUNTY 3 to Page 0 af b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Maryland MARYLAND Prince George's c. LENGTH OF STAY IN 1b. c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) and DOA College Park Riverdale d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? form Item 18. Give Pages 5200 Palco Place YES NO X Leland Memorial Hospital after death. Office alang with NAME OF 4 DATE Month Lost Year Doy DECEASED Type or print) 1966 Margaret DEATH Bernice Kerchner with within 6. COLOR OR RACE 7. MARRIED B. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. NEVER MARRIED lost birthdoy) Months Doys Hours WIDOWED DIVORCED and 2 Nov. 1904 Female White 10o. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? U.S.A. INDUSTRY pages 1 24 Own Home rd ''pending'' in pencil in Chief Medical Examiner's Housewife Illinois This certificate shauld be executed within 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Vane Charles Evelvn Stevenson File 1S. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes give wor or dotes of service) 17. INFORMANT 16. SOCIAL SECURITY NO. Address permit. remaval, 220 16 5031 William F. Kerchner Same as #2 no 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) INTERVAL BETWEEN burial-transit PART I. DEATH WAS CAUSED BY ONSET AND DEATH IMMEDIATE CAUSE (0) Heart failure used as a burial-trans burial, crematian, ar writing the ward DUF TO Conditions, if ony, which gove (b) Arteriosclerotic heart disease over 6 vrs. rise to immediate couse (a), farwarded ta DUF TO stoting the underlying couse PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? CERTIFICATION the certificate. NO K ogent, priar ta shauld be 2Do. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) may be retained far your mes. PRIMARY Or CONTRIBUTING EXAMINER: CAUSE OF DEATH. 20d. INJURY OCCURRED 20c. TIME OF INJURY Month, Doy, Yeor 20e. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) Hour o.m. Not While foctory, street, office bldg., etc.) While of work ot work its designated 21. I certify that I took charge of the remains described above, held on Autopsy Inspection X, Inquiry X ond in my opinion the funeral directar. Notorol couses The deoth resulted from? Suicide . Accident Homicide Undetermined monner CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE O DEPUTY Þ DEPUTY MEDICAL EXAMINER TX **EXAMINER'S** ro FUNE Health NAME (Type) John Kehoe, M.D. Riverdale, Md. Address (Street, city, town, or county) 23o. BURIAL CREMATION. 23b. DATE THEREOF 23c. NAME OF CEMETERY OF SEREMATORY 23d. LOCATION (City or Town) (Stote) (County) REMOVAL (Specify)
Burial Baltimore, Md. 5/16/66 Baltimore National 250 RECO BY REGISTRAR 24. FUNERAL DIRECTOR 256 REGISTRAR'S SIGNATURE VR A15ME (5) Francis Gasch's Sons Hyattsville, Md.

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1		MARYLAND STATE D DIVISION OF STATISTICAL RESEARCH AND RECORD	EPARTMENT OF HEALTH DS. 301 W. PRESTON STREET, BALTIMORI	F 1 MARYLAND
- N			TE OF DEATH	07389
ges 1 and 2 after death.)1.	PLACE OF DEATH a. COUNTY Prince George's MARYLAND	2. USUAL RESIDENCE (Where deceased lived, If instit a. STATE b. COUNTY	
by the Pages urs aft		b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) C. LENGTH OF STAY IN 11		RURAL and give nearest town)
in 72 hours		Cheverly 9 hr. 44 min	Greenbelt	16-1
7		d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address Prince George's General Hospital	d. STREET ADDRESS 27 Woodland Ave	e. IS RESIDENCE ON A FARM? YES NO
event, within	3.	NAME OF First Middle DECEASED DeceaseD	Last 4. DATE Month	Day Year
4	5	(Type or print) SEX 6. COLOR OR RACE 7. MARRIED NEVER M	Kerr DEATH May	2 19 66
		Male White WIDOWED DIVORCED		onths Days Hours Min.
	10a dur	USUAL OCCUPATION (Give kind of work done ng most of working life, even if retired) 10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (County & State, or foreign country)	12. CITIZEN OF WHAT COUNTRY?
	12	none FATHER'S NAME	Prince George's, Md.	USA
PAOLIS	15.		Alice White	
	15	Burton Kerr WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17; no, or unknown) (If yes give war or dates of service)	. INFORMANT Address	
, i	(Ye	no, or unkown) (If yes give war or dates of service)	Mother same	
cremation, or remov		18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).	Salle Salle	INTERVAL BETWEEN ONSET AND DEATH
cren		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	inth	ONSET AND DEATH
5		776X DUE TO		
		conditions, If any, which gave rise to immediate (b)		
		cause (a), stating the DUE TO underlying cause last.		
2	CATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RE	LATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PA	RT 1(a) 19. WAS AUTOPSY PERFORMED?
	CERTIFICATION	20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OC DR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	CURRED. (Enter nature of Injury In Part I or Part II of I	tem 18.)
	MEDICAL	20c. TIME OF INJURY Month, Day, Year 2Dd. INJURY OCCURRED 40c. P fac. P.m. 19 While at work at work	LACE OF INJURY (Home, farm, 20f. (City or town) tory, street, office bidg., etc.)	(County) (State)
וופ סומו		21. I certify that (I) (this hospital) attended the deceased from	2:21 7 4 5-2, 1960, to/205025	, 19, that (I) (we) last
i i		saw the deceased alive on \$ 7 10 , and th	nat death occurred at 12:05, from the causes an	d on the date stated above.
		1 1/11/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/	ATTENDING MED. STAFF	5/3/66
	-	22c. PHYSIOTAN'S NAME (Type)	I.D. PHYS. DIRECTOR PHYS. 22d. ADDRESS	
		William C. Weintraub, M.D	. Prof. Bldg. Centerway, C	Greenbelt, Md.
	23a	REMOVAL (Specify)		
R	24	remation 5/6/66 Frince George	's Gen. Hosp. Cheverly,	Maryland ISTRAR'S SIGNATURE
B.	9	larry W Conschiristrator, Che		Charles Judge
65	6-	-200446		

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

	07396 CERTIFICATE OF DEATH									
1	PLACE DF DEATH	H				institution. Residence before admission)				
	P	rinceGeorges	MARYLAND	a. STATE Maryland b. COUNTY. Prince Georges						
-	b. CITY OR TOW	/N (If outside corporate limits.	c. LENCTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)						
	write RURAL and give nearest town) Cheverly 34 days			Hyattsville //-/						
		SPITAL OR INSTITUTION (if not in i		d. STREET ADDRESS e. IS RESIDENCE						
1	PrinceGe	orges General Hos	pital	1901 Erie Street ON A FARM?						
3	. NAME OF DECEASED	First	Middle	Last	4. DATE MO	onth Day Year				
	(Type or print)	Susan	E	King	DEATH May	y 2 1966				
5	. SEX	6. COLOR OR RACE 7. MARRIED	NEVER MARRIED	B. DATE OF BIRTH	9. ACE (In year last birthda)	rs IF UNDER 1 YEAR IF UNDER 24 HRS.				
F	emale	White WIDOWED	DIVORCED]	3 Sept., 1	.883 82 yrs.					
10	Da. USUAL OCCUPATION (Cive kind of work done 1Db. KIND OF BUSINESS OR Urlng most of working life, even If retired) INDUSTRY			11. BIRTHPLACE (County & State, or foreign coun	itry) 12. CITIZEN OF WHAT COUNTRY?				
-	Housewife -			Washington, D.C. U.S.A.						
1	13. FATHER'S NAME			14. MOTHER'S MAIDEN NAME						
	Edward Clementson			Martha J. Pettit						
1	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unknown) (If yes give war or dates of service)									
	No 577-07-8258 Mrs. Stanley R. Johnson (above address)									
	1 18. CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c), 1									
	PART I. DE	EATH WAS CAUSED BY: A CO	ute Anler	o- Septe	el sugocas	Olian ONSET AND DEATH				
	Conditions, If any, which) is expandion due to Throught's occurrent									
	gave rise to immediate									
	underlying cause last. (c) of authorian descending Danch									
CERTIFICATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION CIVEN IN PART 1(a) 19. WAS AUTOPSY									
SA	PERFORMED? YES A NO T									
<u>` </u> ⊨	YES NO DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.)									
Seg	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)									
CAL	20c. TIME OF		INJURY OCCURRED 20e. PLA	CE OF INJURY (Home,	farm, 20f. (City or town)	(County) (State)				
MEDICAL	Hour a.n		Mot while —	ry, street, office bldg.,	, etc.)					
2	21. I certify that (I) (this hospital) attended the deceased from 1950, 19, to 5-2, 1966, that (II) (we) last									
	saw the deceased alive pn 5-2 19 6 and that death occurred at 1.30 m, from the causes and on the date stated above.									
	22a. SICNATURE 22b. DATE SICNED									
	1 (5	enjourin S.	miller M.D	ATTENDING PHYS.	MED. STAFF PHYS.	3-3-66				
	22c. PHYSICIA NAME (T)			22d. ADDRESS	1 CH MIR	,				
	D	r. B. Miller. M.D		3824-3	47/11/18	unier				
23	Ba. BURIAL, CREW	, town or county) (State)								
_	Burial	5/6/66	4 DD = 500	metery	Wash D.C	DECICED ADIO CICHATURE				
12	4. FUNERAL DIRE	Nalley's		TIT OT 9 111	EC'D BY REGISTRAR 25b	REGISTRAR'S SIGNATURE				
	Funera	1 Home Inc.	Maryland	DAYLA	y 9 1966 /	and Judge				

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Dr. B. Willer, M.D. evel, and the college

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d in by the funeral rs. Pages 1 and 2. hours after/deeth	MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MAR CERTIFICATE OF DEATH	RYLAND OF THE
M	1. PLACE OF DEATH a. COUNTY PINCE GOODS MARYLAND 2. USUAL RESIDENCE (Where deceased lived, If Institution: Reside a. STATE b. COUNTY	ence before admission)
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and	give nearest town)
	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) I PINCE GEORGE GENERAL IOSPITAL d. STREET ADDRESS	e. IS RESIDENCE ON A FARM? YES NO
	DECEASED (Type or print) Ca B, Krebs DEATH	Day Year
ı	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years IFUNDER 1 YE Months Day yrs. Months Day yrs.	ys Hours Min.
	Housewife Mone Balts Mid.	TRY?
	13 FATHER'S NAME OF TEENEN 14. MOTHER'S MATDEN NAME Smith	2 tt
	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address 594 (Yes, no, or unkown) (If yes give war or dates of service) Willbad M. Watthouse. Mark	25-28 ay
	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebro vasculat Accident	NTERVAL DETWEEN ONSET AND DEATH
	Conditions, If any, which \ (b) Hypertension	
	gave rise to immediate cause (a), stating the underlying cause last. DUE TO CONTENTOSE LE FORE	
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	19. WAS AUTOPSY PERFORMED? YES NO
	20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) CR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	
	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) 20f. (City or town) (County factory, street, office bldg., etc.)	(State)
		, that (I) (we) last
	222. SIGNATURE Sclein Jewen M.D. ATTENDING MED. STAFF DIRECTOR PHYS. OF THE PHYS.	
	22c. PHYSICIAN'S NAME (Type) 22d. ADDRESS P. G. HOSPITEL, Chevery	, Md.
	23a. BURIAL CREMATION, 23b. DATE THEREOF 296. NAME OF CEMETERY OF CREMATORY 23d. LOCATION (City, town or country Surial 5-9-1966 David Kidadansby Balts Co.,	med
	24. EUNERAL DIRECTOR ADDRESS 25a. REC'PROY REGISTRAR'S S ADDRESS 25a. REC'PROY REGISTRAR'S S PATE MAY 1 0 1966 ACLIANCE	

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11 12	MARYLAND STATE DEPARTMENT OF HEALTH				
	DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1,	MARYLAND			
M)	PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, if institution	Peridence before admission			
	O. COUNTY PRINCE BEO. MARYLAND O. STATE MARYLAND D. COUNTY PRINCE	E GEO,			
	write BURAL and give peacest lower / YR. ACCOKEEK	16-1			
00	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) ROUTE Z BOX 301 ROUTE Z BOX 301	IS RESIDENCE ON A FARM? YES NO X			
	3. NAME OF DECEASED (Type or print) ANNA BARBARA BOSTIC LACY 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 18. DATE OF BIRTH 9. AGE (In/years IF UNDE	TH 1966			
	FEMALE WHITE WIDOWED \ DIVORCED JUNE 28, 1890 Just Divorced June 28, 1890 June 28, 189	Deys Hours Min.			
(done during most of working life, even it settired) AT HOME WEST VIRGINIA	U.S.H.			
	TAMES STUTTLER HENRIETTA MORN	7N			
	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, grunkown) (Ifyesgive wir or dates of service) 234-30-8509 GERALDINE B-JOHNSON	CAME AS# Z			
	18. CAUSE OF DEATH [Enter only one ceuse per line for (e), (b), end (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e)	INTERVAL BETWEEN ONSET AND DEATH			
	Conditions, if eny, which	+ YEAR			
	geve rise to immediate cause (e), stating the underlying couse lest. (c)	G HOUSE			
r to bur	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II. OTHER SIGNIFICANT CONTRIBUTION GIVEN IN PART III. OTHER SIGNIFICANT CONTRIBUTION GIVEN III.	PERFORMED? YES NO			
0	20e. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Pert I or Pert II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)				
	20c. TIME OF INJURY Month, Dey, Yeer Hour e.m. p.m. 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, ferm, fectory, street, office bidg., etc.) fectory, street, office bidg., etc.)	ounty) (Stele)			
	21. I certify that (I) (this hospital) attended the deceased from 3/15/1. 12.65 to 5.44				
with the Stat	220 SIGNATURE ATTENDING MED. STAFF PHYS. DIRECTOR PHYS. D	22b. DATE SIGNE			
	NAME (Type) ROBT: a MERKER MD 22d. ADDRESS WARDER OND				
	230 DURIAN CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or con REMOVAL (Specify) 5-4-66	West Virgini			
	24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS, 1711 St. LE, 250. BEC'D BY REGISTRAR 256. REGISTRAR WAY 6 1966 Clean	S SIGNATURE			
	the state of the s	0			

20870 THE SHAREST BURTHER WAS THE WARRY TO THE WAR TOTAL TOTAL YEAR YOUR ON SOLET 540P14-The same of the sa 18 M. C. RECEIVER CO. S. C. S. C. S. C. MAY & 1965 Person of Judge

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH deat PLACE OF DEATH e. CDUNTY 2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) a. STATE Maryland b. COUNTY Pr. Geo's by the f Pages 1 urs after Prince George's after MARYLAND b. CITY DR TDWN (if outside corporate limits, c. CITY OR TOWN (If outside corporate limits, write RURAL end give nearest town) filled in yers. Pas. c. LENGTH OF STAY IN 1b Fort Foote rearest town) hours Fort Foote d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? 24 7170- Fort Foote Road within 7170 - Fort Foote Road NOT YES completely to executed within 3. NAME OF First Middle DATE Month DECEASED Mary Ann Langley May oth 66 (Type or print) DEATH 19 5. SEX 6. COLOR OR RACE AGE (In years | IF UNOER 1 YEAR | IF UNDER 24 HRS 8. DATE OF BIRTH and cor 7. MARRIED NEVER MARRIED 9. last birthday) | Months | Oays Hours | Female White WIOOWED OIVORCED [Aug. 31, 1875 10a. USUAL OCCUPATION (Give kind of work done | 10b. KIND OF BUSINESS DR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT pe during most of working life, even if retired) INDUSTRY COUNTRY? Fort Totten. New York Housewife Domestic death certificate 13. FATHER'S NAME 14. MOTHER'S MAJOEN NAME John Cavanaugh Mary Cassidy 15. WAS DECEASED EVER IN U.S. ARMED FORCES? Address Takoma Pk. Md. 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no, or unkown) ((If yes give war or dates of service) been signed by the atte the burial-transit permi or to burial, cremation, o Wm. F. Langley (Son) 1208-Tackson Ave 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN DNSET AND DEATH PART I. DEATH WAS CAUSED BY: the hospital or attending physician. Mary IMMEDIATE CAUSE (a) 4201 Merit selvotic cardio vasculus DUE TD Conditions, If env. which gave rise to immediate as the prior to DUE TD cause (a), stating the underlying cause last. PART II. DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTDPSY certificate hished for use PERFORMED? NO [YES 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) OESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Pert I or Pert II of Item 18.) MEDICAL 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, | 20f. (City or town) (County) (State) factory, street, office bldg., etc.) Hour a.m. While Not While p.m. at work at work retained 21. I certify that (I) (this hospital) attended the deceased from DIRECTOR: age 3 should led with the 1966 and that death occurred at saw the deceased alive on. PM. from the causes and on the date stated above. 22a. SIGNATURE 22b. DATE SIGNEO May 7th 1966 ATTENDING PHYS. MEO. OIRECTOR 22d. AOORESS PHYSICIAN'S director, p NAME (Type) Etienne Sollosi Parkway Drive , Forest Heights, Md. 23d. LOCATION (City, town or county) BURIAL, CREMATION. 23b. OATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY (State) REMOVAL (Specify) May 9-1966 Fort Lincoln Cemetery Bladensburg 25a. REC'O BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR **AOORESS** VR A15 (4) 20M 1/65

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH death. funer 1. PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, If Institution; Residence before admission) a. COUNTY a Mary land Prince George's Prince George's MARYLAND by the Pages b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) C. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) District Heights E. Cheverly da d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) filled d. STREET ADDRESS e. IS RESIDENCE ON A FARM? within , Prince George's General Hospital 7804 Alpine Street YES \ NO executed within completely NAME OF Last DATE Month Day Year DECEASED event, (Type or print) DEATH John Robert Larkin May 19 66 6. COLOR OR RACE | 7. MARRIED 5. SEX AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS. DATE OF BIRTH 9. NEVER MARRIED last birthday) | Months | Hours any WIDOWED K DIVORCED Male White 10a. USUAL OCCUPATION (Give kind of work done | 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT physician during most of warking life, even if retired) COUNTRY? FATHER'S NAME MOTHER'S MAIDEN NAME attending ph ermit. Then remova 15. WAS DECEASED EVER IN U.S. ARMED FORCES? transit permit. 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no. or unkown) (If yes give war or dates of service) death the 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN al-transit ONSET AND DEATH n signed by burial-transit PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) burial, o DUE TO Conditions, If any, which (b) this certificate has been letached for use as the but Dept. of Health prior to b gave rise to immediate DUE TO cause (a), stating underlying cause last. (c) CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? NO F 20a. ACCIDENT WAS UNDERLYING I DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part I or Part II of Item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL (State) TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 120e, PLACE OF INJURY (Home, farm, 20f. (City or town) (County) factory, street, office bldg., etc.) a Hour a.m. While Not While be retained by TENDING at work at work May 5 1966 to May 9 , 1966 , that (k (we) last 21. I certify that (X(this hospital) attended the deceased from____ O FUNERAL DIRECTOR: May 9 19 66, and that death occurred at 2:30M, from the causes and on the date stated above. saw the deceased alive on. 22a. SIGNATURE DATE SIGNED ATTENDING PHYS. PHYS. DIRECTOR Page 4 may M.D. PHYSICIAN'S 22d. ADDRESS director, p NAME (Type) BURIAL OREMATION. 23b. 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town county) (State) EMOVAL (Specify) ADDRESS FUNERAL DIRECTOR VR A15 (4) 15M 4-64

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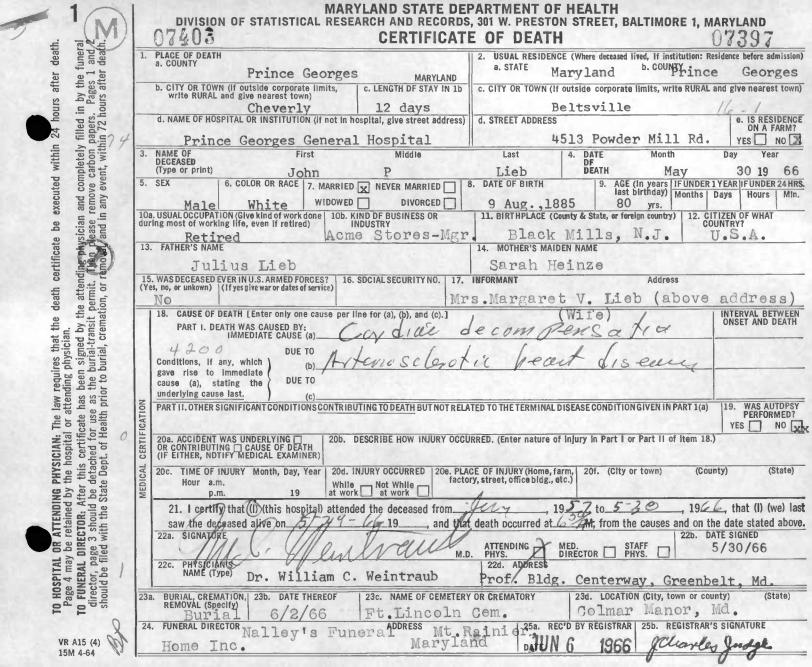
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	OF DEATH	07885
II a STATE	h COLINT	n: Residence before odmission) y
c. CITY OR TOWN (If	autside carparate limits, write RURA	L and give neorest town)
Mullins		77-3
d. STREET ADDRESS	<u> </u>	e. IS RESIDENCE ON A FARM?
293 East.	Wine Street	YES NO
Lost	4. DATE Month	
	OF	12 19 66
	9. AGE (In years	IF UNDER 1 YEAR IF UNDER 24 HRS.
91		Manths Doys Hours Min.
		12. CITIZEN OF WHAT
The same (state	10.0.g., 100.////	COUNTRY?
14 MOTHER'S MAIDER	N N A M F	
14. MOTHER S MAIDEN	· · · · · · · · · · · · · · · · · · ·	
17 INFORMANT	Addrass	
III VIIII VIIII III	WOOL622	
hemorrhage		over 9 hour
	` '	19. WAS AUTOPSY PERFORMED? YES NO
RED. (Enter noture of injury in	n Port I ar Part II af item 18.)	
foctory, street, office bldg., etc	c)	(Caunty) (State)
Suicide ; Homicid	le 🔲, Undetermined mar	ry 😠, ond in my opinior nner 🗌
M.D. ASSISTANT ME	EDICAL EXAMINER	22. DATE SIGNED
MA DEPUTY MEDI		5-17-66
or crematory Mel	23d LOCATION (City or Town	Mi
LIACH! / 250 RK	W BY REQUISTRAD CO. 25b. ACC	STRAR'S SIGNATURE
JR Oee	O. STATE South C South C South C Aulins d. STREET ADDRESS 293 East Lost Lost Lost Lost Lost Lawrence 11. BIRTHPLACE (Sto 14. MOTHER'S MAIDEN 17. INFORMANT DED TO THE TERMINAL DISEASE C JERED. (Enter noture of injury infoctory, street, office bidg., et of the control of the contr	South Carolina C. CITY OR TOWN (If autside carparate limits, write RURA Mullins d. STREET ADDRESS 293 East Wine Street

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH hours after death. and PLACE DF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. COUNTY a. STATE b. COUNTY Prince George's Maryland Prince George's MARYLAND b. CITY OR TOWN (if outside corporate limits. c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town) Cheverly 2 hr. 20 min Brentwood d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? Prince George's General Hospital 4004 Utah YES NO Avenue NAME DE Middle Last 4. DATE Month DECEASED Girl Baby (Type or print) Libcke DEATH May 1966 5. SEX 6. COLOR OR RACE DATE OF BIRTH 7. MARRIED NEVER MARRIED XX 8. AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS. last birthday) Months | Days Hours White Female May 9, 1966 WIDOWED DIVORCED 20 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? Prince George, Maryland none USA 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Thomas Henry Libcke Judith Ann Arnold 15. WAS DECEASED EVER IN U.S. ARMED FORCES? igned by the attendrial-transit permit. 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unkown) (If yes give war or dates of service) above mother 18. CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: the hospital or attending physician. IMMEDIATE CAUSE (a) been Signification to burial, c DUE TO Cenditions, If any, which gave rise to immediate DUE TO cause (a), stating the underlying cause last. as CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY for use Health PERFORMED? NO I YES ... 20a. ACCIDENT WAS UNDERLYING I DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury in Part 1 or Part II of Item 18.) OR CONTRIBUTING CAUSE OF DEATH
(IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) 20f. (City or town) (County) (State) Hour a.m. Not While at work at work May 9 . 19 66, to May 9 , 19 66, that #0 (we) last 21. I certify that ((this hospital) attended the deceased from____ 3 should with the saw the deceased alive on May 19 66, and that death occurred at 7:30 M, from the causes and on the date stated above. 22a. SIGNATURE 22b. DATE SIGNED page ATTENDING 5/10/66 DIRECTOR PHYS. director, p should be 1 PHYSICIAN'S 22d. ADDRESS NAME (Type) Iradi Mahdavi. 6821 Riverdale Rd., Riverdale, Md. BURIAL, CREMATION, REMOVAL (Specify) 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) Cheverly Marvland Prince George's Gen. Cremation Hosp REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE FUNERAL DIRECTOR ADDRESS Cheverly, Md. VR A15 (4)

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MARYLAND STATE DEPARTMENT OF HEALTH

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 87485 24 hours after death and 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) filled in by the funeral papers. Poges 1 and o. COUNTY a. STATE b. COUNTY MARYLAND b. CITY OR TOWN (If autside carparate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If autside carporate limits, write RURAL and give neorest town) write RURAL and give nearest tawn) e. IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS Pi. 00 YES NO requires that the death certificate be executed within pau 3. NAME OF First Middle Lost DATE Month Doy Year and campletely DECEASED OF DEATH 19 (Type or print) S. SEX IF UNDER 1 YEAR IF UNDER 24 HRS 6. COLOR OR RACE 7. MARRIED NEVER MARRIED DATE OF BIRTH AGE (In years last birthday) Manths Days Hours any WIDOWED DIVORCED 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stote, or foreign country) 12. CITIZEN OF WHAT during most of warking life, even if retired) COUNTRY? ease **INDUSTRY** US BUINER of 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME attending WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, na, ar unknown) (If yes give wor or dates of service) INTERVAL BETWEEN CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) . signed by the burial-transit p ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO burial, Canditians, if any, which gave rise to immediate cause (o). DUE TO stoting the underlying couse as the O FUNERAL DIRECTOR: After this certificate has been last. 19. WAS AUTOPSY PERFORMED? PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) CERTIFICATION YES NO the haspital ar far 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port 1 or Port 11 of item 18.) 20o. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, (City or town) (County) (State) 20c. TIME OF INJURY Month, Day, Year Hour o.m. factory, street, office bldg., etc.) Not While at wark at wark 119 21. I certify that (I) (this hospital) attended the deceased fram. shauld o, and that death accurred atc. Solom, from couses and an the date stated above 19 saw the deceased alive an 220. SIGNATURE 22b. DA SIGNE STAFF PHYS. M.D. DIRECTOR PHYS. 22d. ADDRESS 22c. PHYSICIAN'S TO HOSPITAL director, pa NAME (Type) 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. tOCATION (City or Town) 230. BURIAL, CREMATION (County) (Stote) REMOVAL (Specify) REGISTRAR'S SIGNATUR 2So. REC'D BY REGISTRAR 24. EUNERAL DIRECTOR ADDRESS 125b. VR A15 (4) 20 M 1/66

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	hours after d in by the f irs. Pages 1	ours aft	A	b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 1b NOREWS AIR FORCE BASE 80 DAYS	c. CITY OR TOWN (If outside corporate limits, write RURAL	and give nearest town)
	24 hour filled in papers.	72 h		d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS	e. IS RESIDENCE ON A FARM?
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	the don. by the ansit pe	rematic		18. CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c). 1 PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) RESPIRATORY FAC	(LURS	INTERVAL BETWEEN DNSET AND DEATH
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	ING PHYSICI d by the host After this ce l be detached	tate De	MEOICAL	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLAC Hour a.m. While at work at work	CE OF INJURY (Home, farm, 20f. (City or town) (Cou y, street, office bidg., etc.)	nty) (State)
	= = =	h the S		21. I certify that (I) (this hospital) attended the deceased from saw the deceased alive pn 21 MAY 1966, and that	MARC , 1966, to 3/MAY , 1966 death occurred at PM, from the causes and on the	6, that (I) (we) last he date stated above.
•	OR AT be re DIRECT	led wit		22a. STGNATURE B MILLON M.D.	ATTENDING MED. STAFF	May 66
	O HOSPITAL OR ATTEND Page 4 may be retained O FUNERAL DIRECTOR: A director, page 3 should	d be fi		22c. PHYSICIAN'S NAME (Type) PERRY B MILLER, LT COL USAF ME	22d. ADDRESS	20331
	TO HOSE 4 Page 4 TO FUNE	shou	23a	BURIAL, CREMATION, 23b. DATE THEREDF 23c. NAME OF CEMETERY REMOVAL (Specify)	OR CREMATORY 23d. LOCATION (City, town or cou	unty) (State)
	VR AI5 (4)	24.	FUNERAL DIRECTOR () FUNE ADDRESS	25a. REC'D BY REGISTRAR 25b. RECISTRAR	S SIGNATURE
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1	M	DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
	E 202	CRTIFICATE OF DEATH 07401
	24 hours after death, filled in by the funeral apers. Pages 1 and 2 n 72 hours after death.	1. PLACE OF DEATH a. CDUNTY Prince George's MARYLAND 2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission a. STATE b. COUNTY Maryland Prince George's
	aft y th ages s aft	b. CITY DR TDWN (if outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b c. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)
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	Hed led pers	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM?
	in A children	Prince George's General Hospital 4301 57th Avenue YES NO X
	completely filled in by ve carbon papers. Page event, within 72 hours	DECEASED (Type or print) Clarence Wesley Lusby DEATH May 9 19 66
	executed within 24 hour and completely filled in remove carbon papers.	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years last birthday) Hours Min. Male White WIDOWED Sep DIVORCED 7/9/13 52 vrs.
		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) PBX Installer 10b. KIND DF BUSINESS OR INDUSTRY C&P Telephone Co. WASH/NGTON. B. C. INDUSTRY C&P Telephone Co. WASH/NGTON. B. C. INDUSTRY
	rtificate ing phy Then pi moval,	13. FATHER'S NAME B, FRANK LUSBY 14. MOTHER'S MAIDEN NAME EDITH RAITZ
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	he d the d sit p matin	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I DEATH WAS CAUSED BY. ONSET AND DEATH
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	ING PHYSICIA I by the hospi After this cert be detached State Dept. of	ZDc. TIME DF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) 20f. (City or town) (County) (State) 20g. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) 20g. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) 20g. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) 20g. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) 20g. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) 20g. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) 20g. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) 20g. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) 20g. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) 20g. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) 20g. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) 20g. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) 20g. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) 20g. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) 20g. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) 20g. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) 20g. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) 20g. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) 20g. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) 20g. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) 20g. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) 20g. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) 20g. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) 20g. PLACE OF INJURY (Home, farm, factory, street, stre
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	R ATTENDI P retained RECTOR: A 3 should with the	saw the deceased alive on 19/4 and that death occurred at MM, from the causes and on the date stated above 22a. SIGNATURE
	AL OR Day be NL OIRE page 3 filed v	22c. PRYSICIAN'S ATTENDING MED. STAFF STAFF STAFF STAFF PHYS. D 3/9/66
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Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 07408requires that the death certificate be executed within 24 haurs after death. peath mpletely filled in by the funeral e carbon popers. Pages 1 and PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) o. COUNTY o. STATE b. COUNTY Prince George's Maryland Pro Georges MARYLAND b. CITY OR TOWN (If autside carparate limits, c. CITY OR TOWN (If outside corparate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 16 write RURAL and give nearest town) East Riverdale Md. East Riverdale, Md 3 mond d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) 3 months e carbon popers. d. STREET ADDRESS e. IS RESIDENCE ON A FARM? 5510 Madison 5510 Madison st YES NOX 3. NAME OF First Middle 4. DATE Month Year Doy DECEASED Robert E Lyman May 66. (Type or print) DEATH S. SEX 9. AGE (In years IF UNDER 1 YEAR | IF UNDER 24 HRS. 6. COLOR OR RACE 7. MARRIED ___ NEVER MARRIED B. DATE OF BIRTH lost birthdoy) Months Doys Hours Nov 28, 1909 white WIDOWED DIVORCED male 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT 11. BIRTHPLACE (County & Stote, or foreign country) during most of working life, even if retired) INDUSTRY COUNTRY? Mechanic Utility North Carolina S 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME buriol, cremotion, or removal, Willis Lyman Lucy Riley 1S. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16. SOCIAL SECURITY NO. Address (Yes, no, or unknown) (If yes give wor or dotes of service) 241 10 3159 Lois P. Layman East Riverdale, Md. INTERVAL BETWEEN IB. CAUSE OF DEATH (Enter only one couse per line for (a), (b), ond (c).)
PART I. DEATH WAS CAUSED BY: signed by the buriol-transit p ONSET AND DEATH IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gove rise to immediate couse (o), DUE TO stoting the underlying couse **TO FUNERAL DIRECTOR:** After this certificate has been director, page 3 should be detached for use as the should be filed with the State Dept. of Heolth prior to WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) YES T Page 4 may be retained by the hospitol or 20o. ACCIDENT WAS UNDERLYING [20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 20c. TIME OF INJURY Month, Doy, Yeor 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) Hour o.m. While Not While foctory, street, office bldg., etc.) of work ot work 21. I certify that (I) (this hospital) attended the deceased fram 3, 1966, ta 5, 1966, ta 5, 1966, that (I) (we) last saw the deceased glive on 41 - 30 1966, and that death accurred at 735 M, fram causes and an the date stated above 22o, SIGNATURE 22b. DATE SIGNED **ATTENDING** M.D. DIRECTOR PHYS. 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) OHANNE audove Rl. Cheverte 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23o. BURIAL, CREMATION, 23b. DATE THEREOF (County) REMOVAL (Specify) Groshen Cemetery North Belmont N. C. May 5, 1966 ADDRESS 2Sg. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR VR A15 (4) 20 M 1/66 Milarles F. Gasch's Sons Hyattsville, Md.

MARYLAND STATE DEPARTMENT OF HEALTH

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MARYLAND STATE DEPARTMENT OF HEALTH
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

FOR STATE	MEDICAL EXAMINER'S CERTIFICATE OF DEATH	07403
HEALTH DEPT.	1. PLACE OF DEATH O. COUNTY 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence on STATE b. COUNTY Prince George MARYLAND	
any delay is 2, and 3 to PM3. Page sportment af after death.	Prince George MARYLAND Md Prince George b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest tawn) c. CITY OR TOWN (If outside corporate limits, write RURAL and give	Tieorest town)
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orth. If any delay in a pages 1, 2, and 3 the form PM3. Pages tote Department or hours after death	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) Leland Memorial Hospital d. STREET ADDRESS 2801 Nicholson St.	e. IS RESIDENCE ON A FARM? YES NO X
after death. 3. Give Page alang with f	3. NAME OF First Middle Lost 4. DATE Month	Doy Year
ive de	DECEASED (Type or print) Roger (NMI) Lyon DEATH 5	28 19 66
18. Give Pe alang will the will the	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In yeors IF UNDER 1	YEAR IF UNDER 24 HRS. Doys Hours Min.
haurs Office and 2	10b. KIND OF BUSINESS OR 11. BIRTHPLACE (Stote or foreign country) 12. CITI	ZEN OF WHAT NTRY?
hin 24 ncil in I niner's (pages I in any	Ret Guard Supreme Court Maryland U.S. FAIHERS NAME	
Exam Exam File pand	Benjamin Thomas Lyon Sarah Ching	
executed nding" ir Medical permit.	15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give wor or dates of service) no 16. SOCIAL SECURITY NO. 17. INFORMANT Address Address Wary L. Lyon Same as #2 (wife	
should be executed within ne ward "pending" in pencil a the Chief Medical Examine burial-transit permit. File pagamatian, or remaval, and in a	18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Heart failure	INTERVAL BETWEEN ONSET AND DEATH Min
This certificate should be executed within 24 haurs after death. It is licate, writing the ward "pending" in pencil in Item 18. Give Pages 1, be farwarded to the Chief Medical Examiner's Office along with form 1 be used as a burial-transit permit. File pages land 2 with the Stote Dear to burial, cremation, or remayal, and in any event within 7 hours	Conditions, if ony, which gove rise to immediate couse (o), stoting the underlying couse lost. DUE TO (b) Arteriosclerotic heart disease DUE TO (c)	20 yrs.
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in medical EX please execut of director. Page retained for y L DIRECTOR: Po its designated	deoth resulted from: Natural buses Accident, Suicide , Homicide , Undetermined manner	į
plea plea directal DIR ts de	SIGNATURE SIGNATURE ASSISTANT MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER	22. DATE SIGNED
necessary, please execute the necessary, please execute the funeral director. Page 4 5 may be retained for yaur TO FUNERAL DIRECTOR: Page Health ar its designated age	EXAMINER'S NAME (Type) John Kehoe, M.D., Riverdale DEPUTY MEDICAL EXAMINER Address (Street, city, town, or county)	5-30-66
TO D nece the 5 m TO FU Heal	230. BURIAL (REMATION, BURIAL (Specify 5/31/66 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (Mt. Olivet Washington D. C.	County) (Stote)
VR A15ME (5)	24. FUNERAL DIRECTOR ADDRESS ADDRESS ADDRESS ADDRESS	NATURE
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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral and 2 after death. and 2 death. PLACE OF DEATH a. COUNTY 2. USUAL RESIDENCE (Where deceased lived, If Institution; Residence before admission) b. COUNTY Pr prince George George Maryland MARYLAND b. CITY OR TOWN (if outside corporate limits. c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) C. LENGTH OF STAY IN 1b write RURAL and give nearest town) hours Suitland Suitland 16 yrs = d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET AOORESS filled e. IS RESIDENCE ON A FARM? 24 4831 Huron Avenue 00 4831 Huron Avenue NO DO YES executed within etely with carbon NAME OF Middle Last Month Oav Year **OECEASED** 19 66 17th Harry L. Mackey (Type or print) DEATH 5. SEX 6. COLOR OR RACE OATE OF BIRTH 9. AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS 7. MARRIED NEVER MARRIEO birthday) Months i Oavs Hours 5-2-1897 Male White WIDOWED **OIVORCEO** 10a, USUAL OCCUPATION (Give kind of work done 12. CITIZEN OF WHAT 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) during most of working life, even if retired) S. C COUNTRYT Retired Gov Pa 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME attending ph ermit. Then death certifical remova Lulu Fitzpatrick Harry Mackey 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address by the attenuals to the same t (Yes, no, or unkown) (If yes give war or dates of service) Mrs Ruth C. Mackey Same as 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c); INTERVAL BETWEEN ONSET AND DEATH signed by PART I. DEATH WAS CAUSED BY: **O HOSPITAL OR ATTENDING PHYSICIAN:** The law requires that th Page 4 may be retained by the hospital or attending physician. IMMEDIATE CAUSE (a) 9 DUE TO buri Cenditions, If any, which (b) peen gave rise to immediate r to **OUE TO** cause (a), stating the as th underlying cause last. (c) CERTIFICATION WAS AUTOPS PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. for use Health PERFORMEO? NO T YES [PHYSICIAN: 20a. ACCIDENT WAS UNDERLYING [OESCRIBE HOW INJURY OCCURREO. (Enter nature of Injury In Part I or Part II of Item 18.) tached for OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) After this MEDICAL 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) det factory, street, office bldg., etc.) Hour a.m. While at work Not While at work p.m. P 21. I certify that (1) (this hospital) attended the deceased from DIRECTOR: saw the deceased alive on M. from the causes and on the date stated above. 3 sho cand that death occurred at 22a. SIGNATURE 22b. DATE SIGNED page ATTENOING PHYS. MEO. OIRECTOR STAFF PHYS. AOORESS 400 Stamp Road Temple/Hill FUNERAL 22c. PHYSICIAN'S director, p should be 1 08Donovan Md NAME (Type) 4400 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) BURIAL, ORGINATION, 23b. OATE THEREOF REMOVAL (Specify) Cedar Hill Suitland. Md -20-1966 Buria] FUNERAL DIRECTOR **AOORESS** 25a. REC'O BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE 1/65

ENDING THE ONE OF THE PARTY OF THE PROPOSED OF THE transmitted to the second of t THE ALLEY SEE SEE YAM TO SELECT THE TOTAL SECTION OF

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 Ttem 9 CERTIFICATE OF DEATH 24 hours after death PLACE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) deal b. COUNTY Pro George's o. STATE Maryland MARYLAND hours after b. CITY OR TOWN (If outside corporate limits, write RURAL and give necrest town) c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest tawn) Riverdale Md. 6 days d. NAME OF HOSPITAL OR INSTITUTION (If not in hospitol, give street oddress) completely filled in papers. d. STREET ADDRESS e. IS RESIDENCE ON A FARM? event, within 72 4800 Longfellow st. 4800 Longfellow st YES NO THE requires that the death certificate be executed within 3. NAME OF First Middle 4. DATE Last Manth Dov Year DECEASED MacMichael Sr. DEATH May 12 Ralph 1966 -E. (Type or print) S. SEX 6. COLOR OR RACE E B. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF LINDER 24 HRS 7. MARRIED NEVER MARRIED 77 rst birthdoy) Months Sept 2, 1889 male white WIDOWED DIVORCED 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stote, or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired) INDUSTRY U SA? Chicago Illinois Salesman Art & craft 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME burial, crematian, or removal A. B. MacMichael Mary Hass 15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes give wor or dotes of service) 325 09 8097 17. INFORMANT Address Ruth E Mac Michael Riverdale, Md. no CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).)
 PART I. DEATH WAS CAUSED BY: INTERVAL BETWEEN signed by the burial-transit p IMMEDIATE CAUSE (a) **10 HOSPITAL OR ATTENDING PHYSICIAN:** The law requires the Page 4 may be retained by the hospital or attending physician. DUE TO Conditions, if ony, which gove rise to immediate couse (a), DUE TO stoting the underlying couse O FUNERAL DIRECTOR: After this certificate has been as the PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE-TERMINAL DISEASE CONDITION GIVEN IN PART I(o) WAS AUTOPS'
PERFORMED? director, page 3 shauld be detached for use should be filed with the State Dept. of Health p NO 20o. ACCIDENT WAS UNDERLYING [20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 1B.) OR CONTRIBUTING (AUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER 20c, TIME OF INJURY Month, Doy, Yeor 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) Haur a.m. foctory, street, affice bldg., etc.) Not While ot work of work 21. I certify that (1) (this hospital) attended the deceased fram Carl Z 9, 1966, to Way 12, 1966, that (1) (we) last saw the deceased alive on way 11, 1966, and that death occurred at 7/100 M, from causes and on the date stated above. 22o. SIGNATURE 22b. DATE SIGNED ATTENDING ulleur M.D. PHYS DIRECTOR ADDRESS 22c. PHYSICIAN'S COLE NAME (Type) 23o. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATOR) 23d. LOCATION (City or Town) (County) Bur MOYAL (Specify) Manor, Md. May 14, 1966 Ft Lincoln Cemetery Colmar 2Sa. REC'D BY REGISTRAR 24. FUNERAL DIRECTOR 25b REGISTRAR'S SIGNATURE F. Gasch's Sons 1966 Hyattsville. Md. 20 M 1/66

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STATISTICAL RESEARCH AND 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND OF DEATH funeral should after PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, If Institution: Residence before edmission) a. COUNTY a. Storginia b. COUNTY the d 2 XMARXAMEXXX Prince Georges MARYLAND Arlington death. b. CITY OR TOWN (if outside corporete limits, and c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL end give neerest town) write RURAL end give neerest town)
Hyattsville 10 Days .= 7 filled d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street eddress) d. STREET ADDRESS e. IS RESIDENCE hours ON A FARM? Carroll Manor 1219 S. Thomas Street YES NO completely papers. 3. NAME OF First Middla Last DATE Month Year DECEASED OF Edward (Type or print) DEATH James May 20 19 66 carbon 6. COLOR OR RACE 7. MARRIED NEVER MARRIED S. SEX DATE OF BIRTH AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS Months Male Dec. 8,1874 WIDOWEDKK DIVORCED certificate attending physician please remove 10e. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY done during most of working life, even if retired) any U.S. Deputy Marshall U.S. Gov't Ohio USA 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 5 and Edward J. Maloy Mary Shannon Then 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT Address removal, (Yes, no, or unkown) | (Ifyes give war or detas of service) No Mrs. Margaret McKiernan, Arl. Va. permit. 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), end (c).] physician. INTERVAL BETWEEN signed by ONSET AND DEATH 0 PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) cremation, burial-transit DUE TO affending Conditions, if eny, which been geva rise to immadiete ceuse DUE TO burial, (e), steting the underlying has the the hospital or After this certificate PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) CERTIFICATION 19. WAS AUTOPSY 8 0 PERFORMED? NO use prior 20e. ACCIDENT WAS UNDERLYING IT 20b. DESCRIBE HOW INJURY OCCURRED. (Enter neture of injury in Part I or Part II of item 18.) detached for OR CONTRIBUTING [CAUSE OF DEATH of Health (IF EITHER, NOTIFY MEDICAL EXAMINER CAL 20c. TIME OF INJURY Month, Dev. Yeer 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, ferm, 1 20f. (City or town) (County) (Stete) fectory, street, office bldg., etc.) While Not While Hour e.m. et work at work DIRECTOR: pe 21. I certify that (I) (this hospital) attended the deceased from...... pinous 22a. SIGNATUBE DATE ATTENDING MED SIGNED STAFF death. Page 4 DIRECTOR PHYS. PHYS. M.D. HOSPITAL page with fl 22c. PHYSICIAN'S 22d. ADDRESS NAME (Type Havard St., Silver rector, chard 23c. NAME OF CEMETERY OR CREMATORY 23a. BURIAL, CREMATION, 23b. DATE THEREOF 23d. LOCATION (City, town or county)

Mt. Olivet Cem.

ADDRESS F.H., Arlington, Va. Washington, DC

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REMOVAL (Specify)

Burial 24 FUNERAL DIRECTOR'S SIGNATURE

Murphy

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STAKE HEALTH DEPT PLACE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, il institution: Residence before admission) o. STATE Maryland o. COUNTY af Prince George's after death. MARYLAND delay and 3 t b. CITY OR TOWN (If outside corporate limits, c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b write RURAL and give nearest town) Baltimore Bowie minutes d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) d STREET ADDRESS e. IS RESIDENCE ON A FARM? Pennsylvania Railroad Tracks in Item 18. Give Pages 221 N. Freemont Avenue YES NO X 24 hours after death. e certificate, writing the ward "pending" in pencil in Item 18. Give Pag shauld be farwarded ta the Chief Medical Examiner's Office along with 3. NAME OF Middle 4. DATE Year DECEASED Benjamin Willis (Type or pnnt) Manson DEATH 19 66 S. SEX IF UNDER 1 YEAR With 6. COLOR OR RACE 9. AGE (In years 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH lost birthdoy) Months Dovs Hours WIDOWED DIVORCED Male Negro event 5 Feb. 1917 land2 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired) INDUSTRY COUNTRY? A. any e Virginia 14 MOTHER'S MAIDEN NAME 13. FATHER'S NAME be executed within Unknown Unknown pup 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) ((If yes give wor or dates of service) 16. SOCIAL SECURITY NO. 17. INFORMANT Pauline Sturgivant Baltimore, Mg. ar remayal. 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) INTERVAL BETWEEN PART I. DEATH WAS CAUSED BY: ONSET AND DEATH MMEDIATE (AUSE (o) Avulsion of brain used as a burial-trant burial, crematian, a certificate should writing the ward DUE TO Conditions, if ony, which gove rise to immediate couse (a), DUF TO stoting the underlying couse PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(6) 19. WAS AUTOPS PERFORMED? NO Sc the certificate agent, priar ta 20o. EXTERNAL CAUSE WAS PRIMARY ☑ or CONTRIBUTING ☐ CAUSE OF DEATH. 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) Passenger in car struck by train 20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) foctory, street, office bldg., etc.) Not While 19 66 of work ~ 12:040mp.m. 5-15-Same as #1 please execute ot work 21. I certify that I took charge of the remains described above, held on Autopsy Inspection X Inquiry 🔀 may be retained far and in my opinion Natural causes death resulted fram-Accident x Suicide . Hamicide | Undetermined monner CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE O DEPUTY DEPUTY MEDICAL EXAMINER D **EXAMINER'S** Health (John Kehoe, M.D. Riverdale, Md. Address (Street, city, town, or county) 5-16-66 NAME (Type) 236. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) 23o. BURIAL, CREMATION, 50 Burial 5/19/66 Baltimore, Ma. Baltimore, Ma. 24. PUNERAL DIRECTOR 2Sb. REGISTRAR'S SIGNATURE 2So. REC'D BY REGISTRAR VR A15ME (5) wdluRockville, Ma. ochanter

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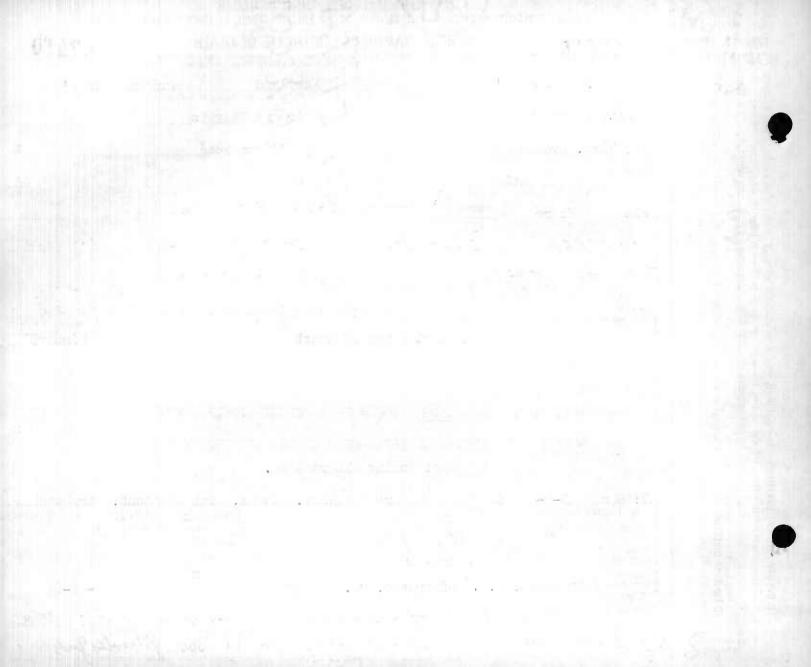
MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 07415 FOR STATE HEALTH DEPT 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) o. STATE Maryland a. COUNTY b. COUNTY Baltimore Brince George's ofter deoth. MARYLAND b. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest town) CLENGTH OF STAY IN 16 c. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest tawn) Minutes Baltimore Bowie d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? Office olong with form within 72 hours Pennsylvania Railroad Tracks 221 N. Freemont Avenue in Item 18. Give Poges YES NO X 3. NAME OF Middle First Last 4. DATE Year Day DECEASED (Type or print) Marv Louise Manson DEATH 9. AGE (In years last birthday) IF UNDER 1 YEAR S. SEX 6. COLOR OR RACE 8. DATE OF BIRTH 7, MARRIED NEVER MARRIED Months Days Haurs WIDOWED DIVORCED 6 May 1917 Female Negro IDo. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
Housewife 1Db. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT INDUSTRY COUNTRY? A Maryland d "pending" in pencil in Chief Medicol Exominer's pencil 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME be executed within Blanche Bishop Earl Brown, IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16. SOCIAL SECURITY NO. 4231 Norfolk Ave. Baltimore, Md. (Yes, na, ar unknown) (If yes give wor or dates of service) removol Pauline Sturdivant IB. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY: ONSET AND DEATH used as o buriol-transiburiol, cremation, or r IMMEDIATE CAUSE (0) Avulsion of brain This certificate should e, writing the word forworded to the Ch DUE TO Canditians, if any, which gave rise to immediate couse (o). DUE TO stating the underlying cause 19. WAS AUTOPS PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o) PERFORMED? NO X 0 2Do. EXTERNAL CAUSE WAS PRIMARY OF OF CONTRIBUTING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part 11 of item 18.) designated ogent, prior CAUSE OF DEATH. Passenger in car struck by tarin 2De. PLACE OF INJURY (Hame, form, (City or town) 2Dc. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED (Stote) While at wark at work factory, street, affice bldg., etc.) moy be retained for your FUNERAL DIRECTOR: Page 12:04 pm 5 -15 19 66 Same as #1 21. I certify that I took charge of the remains described above, held on Autopsy Inspection x, Inquiry to ond in my opinion Noture causes Accident X Homicide . deoth resulted from: Suicide . Undetermined monner CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE DEPUTY MEDICAL EXAMINER I **EXAMINER'S** NAME (Type) John Kehoe, M.D. Riverdale. Md. Heolth Address (Street, city, town, or county) 5-16-66 23c. NAME OF CEMETERY OR CREMATORY 23b. DATE THEREOF 23d. LOCATION (City or Town) 23a. BURIAL, CREMATION, (County) (State) 50 REMOVAL (Specify) Burial 5/19/66 Baltimore, Mo. Baltimore National 2Sb. REGISTRAR'S SIGNATURE 2So. REC'D BY REGISTRAR Marles VR A15ME V5 Rockville, Mc.

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) a. COUNTY o. STATE b. COUNTY PM3. Page Prince George's MARYLAND Marvland Prince George's and 3 Department b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) CLENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Seat Pleasant Fairmont Heights d. NAME OF HOSPITAL OR INSTITUTION (If not in hospitol, give street oddress) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? hours olong with farm 709 71st. Avenue Give Pages 703 Addison Road YES NO X with the Sto within 72 h 3. NAME OF First Middle Month Day Year DECEASED (Type or print) Otis DEATH Mars S. SEX 6. COLOR OR RACE AGE (In years 7. MARRIED 8. DATE OF BIRTH IF UNDER 1 YEAR NEVER MARRIED lost birthday) WIDOWED DIVORCED event 24 hours Male Negro

100. USUAL OCCUPATION (Give kind of work done puo 10b. KIND OF BUSINESS OR BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT during mast of working life, even if retired) INDUSTRY in any = poges KADORER e, writing the word "pending" in pencil is farwarded to the Chief Medicol Examiner 13 FATHER'S NAME be executed within File pup WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. INFORMANT (Yes, no, ar unknown) (If yes give war or dotes af service removal, CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).) INTERVAL BETWEEN burial-transit PART I. DEATH WAS CAUSED BY: ONSET AND DEATH 0 IMMEDIATE (AUSE (6) Gun shot wound of chest certificate should burial, crematian, DUE TO Canditians, if any, which gove rise to immediate couse (o), DUE TO 0 stoting the underlying cause used (19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a). the certificate. NO 2 20o. EXTERNAL CAUSE WAS PRIMARY OF OF CONTRIBUTING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Part II of item 18.) shauld ogent, prior MEDICAL EXAMINER: CAUSE OF DEATH. Shot during altercation. 20c. TIME OF INJURY Month, Doy, Yeor 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) foctory, street, office bldg., etc.) O FUNERAL DIRECTOR: Page Not While 19 66 of work 709 71 st. the funeral director. Poge ot work Avenue. Seat Pleasant, Maryland designated 21. I certify that I took charge of the remains described above, held an Autopsy Inspection x, for Inquiry x ond in my apinian deoth resulted from: Natural gauses Hamicide x Undetermined manner Acciden Suicide CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE O DEPUTY Heolth ar i DEPUTY MEDICAL EXAMINER **EXAMINER'S** NAME (Type) John Kehoe, M.D. Riverdale, Md. Address (Street, city, tawn, or county) 5-10-66 230. BURIAD CREMATION, REMOVAL (Specify) 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY LOCATION (City or Town) (State) VR ATSME (5)



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1. MARYLAND CERTIFICATE OF DEATH funeral death, hours after death and PLACE DF DEATH a. COUNTY 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) b. COUNTY a. STATE Prince George completely filled in by the 1 ve carbon papers. Pages 1 event, within 72 hours after Marvland ince MARYLAND b. CITY DR TDWN (if outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b c, CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Colmar Manor Vrs. Colmar Manor d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS 9. IS RESIDENCE ON A FARM? Avenue 3401 43rd ND X Avenue YES 3. NAME DE First Middle Last 4. DATE Month Year DECEASED (Type or print) Roxy McGill 8th Margaret DEATH 1966 Mav 6. COLOR OR RACE | 7. MARRIED 5. SEX AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS. last birthday) | Months | Days | Hours | Min. remove DATE OF BIRTH NEVER MARRIED Months | Days Hours any WIDOWED X Female White DIVDRCED 12-31-1888 10a. USUAL DCCUPATION (Give kind of workdone | 10b. KIND DF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) = 12. CITIZEN OF WHAT during most of working life, even if retired) INDUSTRY COUNTRY? Sich House wife U.S.A Marvland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME remova Higgs Robert Margaret 15. WAS DECEASED EVER IN U.S. ARMED FDRCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address as been signed by the atten as the burial-transit permit. prior to burial, cremation, or (Yes, no, or unkown) (If yes give war or dates of service) Margaret McGill Same as # 18. CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN law requires that the ONSET AND DEATH PART I. DEATH WAS CAUSED BY: ATTENDING PHYSICIAN: The law requires that the retained by the hospital or attending physician. IMMEDIATE CAUSE (a) 420 DUE TO Conditions, If any, which rise to immediate DUE TO cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY certificate h thed for use of. of Health p PERFORMED? ND 1 20a. ACCIDENT WAS UNDERLYING DR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) After this certif I be detached fo State Dept. of P 20c. TIME OF INJURY Month, Day, Year 2Dd. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) Not While factory, street, office bldg., etc.) Hour a.m. After Id be d While at work at work p.m. DIRECTOR: A age 3 should lied with the S 21. I certify that (I) (this hospital) attended the deceased from. and that death occurred at S saw the deceased alive on 1966 M. from the causes and on the date stated above. 22a. SIGNATURE 22b. DATE SIGNED page ATTENDING Page 4 may b M.D. PHYS. DIRECTOR PHYS. PHYSICIAN'S 22d3 ADDRESS director, p Wimsatt am NAME (Type) on 23b, DATE THEREDE BURIAL, GREMATION. 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) REMOVAL (Specify) 2 shington FUNERAL DIRECTOR ADDRESS REGISTRAR'S SIGNATURE REC'D BY REGISTRAR 25b. A15 (4) 20M 1/65

AND DOUGHTON Elecally Reterior Red un Sycano MARRION Terminal Postermones Welliam a W Sameto Bray 1966 dilitation A. Victoria City Sentition St. v. Pentity it A CONTRACTOR OF THE STATE OF TH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral and 2 death. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. COUNTY b. COUNTY completely filled in by the vece carbon papers. Pages 1 event, within 72 hours after MARYLAND c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) CITY OR TOWN (If outside corporate limits, write RURAL and give gearest town) c. LENGTH OF STAY IN 1b hours (Hollywood) / d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) e. IS RESIDENCE d. STREET AOORESS ON A FARM? YES ND L executed within NAME DE First Middle Last DATE Month Year 4. DECEASED 0F (Type or print) NMN DEATH 19 5. SFX remove n any eve 6. COLOR OR RACE OATE OF BIRTH AGE (In years) IF UNDER 1 YEAR F UNOER 24 HRS 7. MARRIEO NEVER MARRIEO last birthday) Months Hours WIDDWEO J DIVORCED 10a. USUAL OCCUPATION (Give kind of work done | 10b. KINO OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12, CITIZEN OF WHAT during most of working life, even if retired) INOUSTRY certificate be New York Steamfitter Goverment 13. FATHER'S NAME 14. MOTHER'S MAIOEN NAME remova Mary Reetz James McNeice 15. WAS DECEASED EVER IN U.S. ARMED FDRCES? 17. INFORMANT Address 16. SDCIAL SECURITY NO. (Yes, no, or unkown) (If yes pive war or dates of service) been signed by the atter the burial-transit permit. or to burial, cremation, or that the death Same as #2 (wife) Ethel E. McNeice 07 2417 INTERVAL BETWEEN ONSET AND DEATH 18. CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: PHYSICIAN: The law requires that the hospital or attending physician. IMMEDIATE CAUSE (a) Hepatic failure **OUE TO** Conditions, If any, which Nutritional fatty chirhosis (b) gave rise to immediate Acute cholecystitis with cholelithiasis **OUE TO** (a), stating the After this certificate has be be detached for use as th State Dept. of Health prior underlying cause last. (10 days post-eperative status) CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY PERFORMED? YES NO 20b. OESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury in Part | or Part | of Item 18.) 20a, ACCIDENT WAS UNDERLYING IT OR CONTRIBUTING | CAUSE OF OEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20c. TIME OF INJURY Month, Oay, Year 20d, INJURY OCCURRED | 20e, PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) factory, street, office bldg., etc.) Hour a.m. Not While OR ATTENDING F be retained by t FUNERAL DIRECTOR: After irector, page 3 should be dould be filed with the State at work at work 1966 21. I certify that (I) (this hospital) attended the deceased from saw the deceased alive on 22b. OATE SIGNED 22a. SIGNATURE director, page should be filed MEO. DIRECTOR STAFF PHYS. Page 4 may t M.D. 22d. AOORESS PHYSICIAN'S NAME (Type) Prof. Bldg, Greenbelt, Maryland Hans Wodak, M.D. BURIAL, CREMATION, REMOVAL (Specify) Cremation 23d. LOCATION (City, town or county) (State) 23b. OATE THEREOF NAME OF CEMETERY OR PREMARORY Ft. Lincoln Crematory Md. 5/5/66 Colmar Manor. AOORESS REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE 24. FUNERAL OIRECTOR 25a. Hyattsville, Md. Francis Gasch's Sons VR A15 (4) 1966 15M 4-64

MARYLAND STATE DEPARTMENT OF HEALTH

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0	DIVISION OF STATISTICAL RES	EARCH AND RECORDS	PARTMENT OF HEALTH 5, 301 W. PRESTON STREET, BALTIMO	ORE 1, MARYLAND
	07419	CERTIFICAT	E OF DEATH	07413
		MARYLAND	2. USUAL RESIDENCE (Where deceased lived, II in a. STATE b. COU	
-	b. CITY DR TOWN (if outside corporate limits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (if outside corporate limits, w	rite RURAL and give nearest town)
		29 days	Clinton	0. IS RESIDENCE
107				ON A FARM?
3.	NAME DF First DECEASED	Middle	Last 4. DATE Mon	th Day Year
	SEX 6. COLOR OR RACE 7. MARRIE	NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In years last birthday) 28 Sept. 1924 41 yrs.	TF UNDER 1 YEAR IF UNDER 24 HRS Months Days Hours Min.
duli	ing most of working me, even if retired)	KIND OF BUSINESS OR INDUSTRY	Wash, D.C.	U . SOUNARY?
13.	FATHER'S NAME	Kibler	14. MOTHER'S MAIDEN NAME Rose Jenkins	
15. (Yes	WAS DECEASED EVER IN U.S. ARMED FDRCES? 6, no, or unknown) (If yes give war or dates of service)		*****	44
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) JOINTO Conditions, If any, which gave rise to immediate cause (a), stating the DUE TO	raventricular F	internal capsule, right	
	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	DESCRIBE HOW INJURY OCCU	RRED. (Enter nature of Injury in Part i or Part II	of Item 18.)
MEDICAL	Hour a,m. Whil	e Not While facto	ry, street, office bldg., etc.)	(County) (State)
	saw the deceased alive Dn. 22a. SIGNATURE	120	ATTENDING MED. STAFF DIRECTOR PHYS.	and on the date stated above 22b. DATE SIGNED 5/3/66
	22c. Prysician's Robert B. G.	Sasscer		o. Md.
23a.	BURIAL, CREMATION, 23b. DATE THEREOF	23c. NAME OF CEMETERY		
B	urial 5-4-1966	Lincoln	Lincoln,	Va
	MEDICAL CERTIFICATION 12. 12. 12. 13. 12. 13. 13. 15. 15. 15. 15. 15. 15	PrinceGeorges General H 3. NAME DF DECEASED (Type or print) 5. SEX 6. COLOR OR RACE 7. MARRIE WIDDWE 10a. USUAL OCCUPATION (Give kind of work done of working life, even if retired) 13. FATHER'S NAME DONALD 15. WAS DECEASED EVER INU.S. ARMED FORCES? (Yes, no, or unkown) (If yes give war or dates of service) 18. CAUSE DF DEATH [Enter only one cause per part I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) 17. Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. 18. CAUSE DF DEATH [Enter only one cause per part I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) 19. Hen DUE TO Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. 19. CO. TIME DF INJURY Month, Day, Year 20d. HOUR a.m. p.m. 20c. TIME DF INJURY Month, Day, Year 20d. Hour a.m. p.m. 21. I certify that (I) (this hospital) attents aw the deceased alive Dn 22a. SIGNATURE 22c. PHYSICIAN'S MAME (Type) Robert B. G.	1. PLACE OF DEATH a. COUNTY Prince Georges b. CITY DR TOWN (if outside corporate limits, write RURAL and give nearest town) Cheverly d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) PrinceGeorges General Hospital 3. NAME DF DECEASED (Type or print) 5. SEX 6. COLOR OR RACE WIDDWED DIVORCED DIVORCED TOWN UNDAY OF BUSINESS OR INDUSTRY WIDDWED DIVORCED DIVORCED TOWN UNDAY OF BUSINESS OR INDUSTRY 13. FATHER'S NAME DONALD W. Kibler 15. WAS DECEASED EVER INU.S. ARMED PROCES? (Yes, no, or unkown) (If yes give war or dates of service) 18. CAUSE OF BEATH (Entor only one cause per line for (a), (b), and (c).1 PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Thraventricular F Canditions, If any, which gave rise to immediate cause (a), stating the underlying cause last. PART II. DTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO DEATH BUT NOT RELATED TO THE CAUSE (A) TOWN INDUSTRY DUE TO Conditions, If any, which gave rise to immediate cause (a), stating the underlying cause last. PART II. DTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO DEATH BUT NOT RELATED TO THE CAUSE (A) 20a. ACCIDENT WAS UNDERLYING TO BE SCRIBE HOW INJURY OCCUMENT OF CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME DF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLA While at work at work and work and work at work and work	D. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) D. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) C. CLENGTH OF STAY IN 1b C. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) C. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) C. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) C. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) C. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) C. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) AND MCY AV STREET ADDRESS PrinceGeorges General Hospital 8733 Surratts Road A DATE Mon D. STREET ADDRESS AND AND C. Clinton D. STREET ADDRESS MARYLAND A DATE OF BIRTH SATE OF BIRTH S

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DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS. 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institutor, Residence before admission) a. COUNTA b. COUNTY MARYLAND b. CITY OR TOWN (if outside corporete limits, outside corporete limits, write RURAL end give neerest town) c. LENGTH OF STAY IN 16 RURAL end gire neerest town) d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) e. IS RESIDENCE ON A FARM? YES NO 3. NAME OF Middle DATE DECEASED OF (Type or print) DEATH AGE (In years | IF UNDER 1 YEAR 5. SEX IF UNDER 24 HRS. NEVER MARRIED ast birthday) Months DIVORCED OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? foreign country) done during most of working life, even if retired) AMSTERDAM, HOUSEWIFE 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. (Yes, no, or unkown) | (If yes give war or detes of service) 1B. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). INTERVAL BETWEE ONSET AND DEATH PART I. DEATH WAS CAUSED BY: OCCLUSION IMMEDIATE CAUSE (a) DUE TO ARTERIOSCIEROSIS Conditions, if eny, which geve rise to immadieta cause DUE TO (e), steting the underlying ceusa last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? ADENOCARCINOMA COLON NO use CERTIFIC 200. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED. (Enter natura of injury in Part I or Pert II of itam 1B.) OR CONTRIBUTING CAUSE OF DEATH 20e. PLACE OF INJURY (Home, farm,) 20f. (City or town) (County) (State) 20c. TIME OF INJURY 20d. INJURY OCCURRED Month, Day, Yeer factory, street, office bldg., etc.) While Not While WED Hour a.m. et work et work p.m. ded the deceased from 1955, 1956, that (I) (we) last 1966, and that death occurred at 156, from the causes and on the date stated above. 21. I certify that (I) (this hospital) attended the deceased from....... saw the deceased alive 22b. DATE 22a. SIGNATUR ATTENDING SIGNED DIRECTOR M.D. 22d. 22c. PHYSICIAN'S 23d. LOCATION (City, town or county) 236. BURIAL, CREMATION, | 236. DATE THEREOF (State) REMOVAL (Specify) VR A15 (4) 15M 9/60

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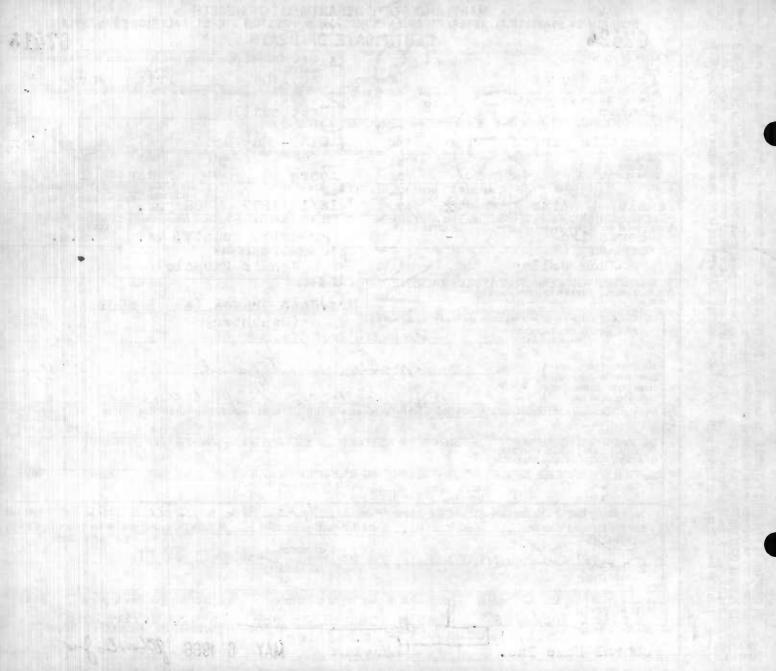
MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 07422 CERTIFICATE OF DEATH within 24 hours after death. deot 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) b. COUNTY a. COUNTY a. STATE Prince Georges MARYLAND b. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) r LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest town) Washington 1 month Glenn Dale, Md. ve carbon papers. completely filled in d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) e. IS RESIDENCE ON A FARM? d. STREET ADDRESS 3153 15th Pl., S. E. Glenn Dale Hospital, Glenn Dale, Md. YES NO X Middle 3. NAME OF 4 DATE Month Doy Year DECEASED Meyers 12 Junious (Type or print) DEATH The law requires that the death certificate be executed 9. AGE (In years IF UNDER 1 YEAR S SEX 6. COLOR OR RACE 8. DATE OF BIRTH IF UNDER 24 HRS 7 MARRIED NEVER MARRIED last birthday) Months Doys Hours Male Negro 7/4/1890 WIDOWED T DIVORCED 12. CITIZEN OF WHAT 10a, USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stote, or fareign country) COUNTRY? during mast of warking life, even if retired) INDUSTRY N. C. unknown - retired U.S.A 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME d or remova unknown unknown 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT (Yes, na ar unknawn) (If yes give war ar dates of service) 50 60 3466 D.C. General Hospital Record Room 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) INTERVAL BETWEEN signed by the burial-transit p CAUSED BY:
IMMEDIATE CAUSE (0) Klebsiella pneumonia PART I. DEATH WAS CAUSED BY: ONSET AND DEATH Page 4 may be retoined by the hospitol or attending physician. O FUNERAL DIRECTOR: After this certificate hos been signed by DUE TO Canditions, if any, which gave rise ta immediate couse (a), DUE TO for use os the b stating the underlying cause (c) Carcinoma of stomach with subtotal gastrectomy 2 yrs. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE JERMINAL DISEASE (QUDUTION GIVEN IN PART 1(a) arterio-sclerosis (parkinsonism); urinary tract infection. WAS AUTOPSY PERFORMED? NO X YES \square 205. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part I or Port II of item 18.) 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm. (City or town) (County) (Stote) 20c. TIME OF INJURY Month, Day, Year factory, street, affice bldg., etc.) Haur o.m. Not While 19 at wark at work , 19 66 , ta 1966_, that \$1) (we) last 21. I certify that # (this hospital) attended the deceased from. 5/12/ 4/13/ director, page 3 should should be filed with the 5/12/ 1966, and that death occurred of 05 AM, from causes and on the date stated above. saw the deceased alive on_ 22b. DATE SIGNED 22a. SIGNATURE ATTENDING STAFF PHYS. 5/12/1966 13 DIRECTOR M.D. PHYS. 22d. ADDRESS 22c. PHYSICIAN'S Glenn Dale Hospital Moe Weiss, M. D. NAME (Type) Glenn Dale, Md 23a. BURIAL, CREMATION, REMOVAL (Specify) 236 NAME OF CEMETERY OR CREMATORY 23d. AOCATION (City or Town) (Stote) 23b. DATE THEREOF (County) 5-15-6 2 25b. REGISTRAR'S SIGNATURE 25a. REC'D BY REGISTRAR FUNERAL DIRECTOR VR A15 (4) 20 M 1/66

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s aff	by the Pages urs aft			outside corporate give nearest town)	Ilmits,	c. LENGTH OF ST.		c. CITY OR TOWN					e nearest town)
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24	rtely filled in by bon papers. Pag within 72 hours		Magnolia	Garden :					ay F	Road		1 1 1 1 1 1	ON A FARM?
withi		3.	NAME OF DECEASED	First		Middle	311) 2	Last	1	DATE OF	Month	Dey	Year
ed v	compl ve cal event	5.	(Type or print) SEX 6.		nnie MARRIED [Mae NEVER MARRI	ED [] 8	MOOP OF BIRTH		19. AGE	May E (In years I IF	IINDER 1 YEAR	1966 IF UNDER 24 HRS
ecut	n and comple remove car in any event,	Fe		White	WIDOWED [1- 1 1	77	last 88	t birthday) Me	onths Days	Hours Min.
e be	sician a lease re and in a	10a dur	USUAL OCCUPATION Ing most of working Housewi	(Give kind of work do life, even if retired) Î ⊖	ne 10b. Kil	ND OF BUSINESS (DUSTRY	OR .	Fredric			reign country)	12. CITIZEN COUNTRY U.S.	OF WHAT
lificate	100	13.	FATHER'S NAME Jack	Jolley		Harris		14. MOTHER'S M.		ME	le	\$4	
ath cert	attendig rmit. n, or nen	15. (Ye	WAS DECEASED EVER	R IN U.S. ARMED FORC yes give war or dates of se	ES? 16. S	SOCIAL SECURITY N		INFORMANT			Address	3322	\
he de	n signed by the atten burial-transit permit. burial, cremation, or		18. CAUSE OF DEA	TH [Enter only one of WAS CAUSED BY:		e for (a), (b), and		Dav (Dav	ghte		bove a	INTE	RVAL BETWEEN ET AND DEATH
ires th physic	n signe burial-l burial,		Conditions, If eny, gave rise to imm			long	intin	heart	port	an		2	yes _
w requ	has been as the b prior to b		cause (a), statin underlying cause la	g the DUE TO		aslery	resel	wer k	Pent	de	Meno		?
The lan	cate har use a ealth p	CERTIFICATION	PART II. OTHER SIGN	IFICANT CONDITIONS	SCONTRIBUT	TING TO DEATH BUT	TNOTRELA	TED TO THE TERMINA	AL DISEAS	ECONDITIO	ON GIVEN IN PAI	RT1(a) 19.	WAS AUTOPSY PERFORMED? S NO
SICIAN: The law requires that thospital or attending physician.	this certificate for use bept. of Health	CERTIF	20a. ACCIDENT WAS OR CONTRIBUTING (IF EITHER, NOTIFY	UNDERLYING CAUSE OF DEATH MEDICAL EXAMINE	20b. DI	ESCRIBE HOW INJ	URY OCCU	RRED. (Enter nature	of Injury	In Part I	or Part II of I	tem 18.)	
는 P 를	After this d be detach e State Depi	MEDICAL	20c. TIME OF INJU Hour a.m. p.m.	RY Month, Day, Ye	ar 20d. IN While at work	JURY OCCURRED Not While at work	20e. PLAC factor	y, street, office bldg	, farm, ., etc.)	20f. (City	or town)	(County)	(State)
ATTENDIN retained I	OR: Af hould th h the S			nat (I) (this hospit	al) attende	d the deceased		death occurred a	1966	, to	5 // he causes an		at (I) (we) las e stated above
L OR AT	fo FUNERAL DIRECTOR: A director, page 3 should should be filed with the		22a. SIGNATURE	Luc	In		M.D	ATTENDING PHYS.	MED.			22b. DATE SI	
O HOSPITAL Page 4 may	ottor, p		22c. PHYSICIAN'S NAME (Type)		/			22d. ADDRESS					
TO HOS Page	dire shot	23a	BURIAL, CREMATI REMOVAL (Specify Burial	ON, 23b. DATE TH		Wesley	CEMETERY Chan	ol Chuno	h	Thoar	ON (City, town	or county) Lrginia	(State)
VP A	15 (4)		FUNERAL DIRECTO	Marrah.	sCeme	ete Appress	Mt.R	ainier ^{25a} .	REC'D BY	REGISTRA	R 25b. REGI	ISTRAR'S SIGN	ATURE
15M	4.7	_	Puneral]	Home Inc.		Ma	ryla	nd IMA	I b	1966	fores	The same	0



(NA)	DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, M	MARYLAND
# E 7 #	074-25 CERTIFICATE OF DEATH	07413
24 hours after death. filled in by the funeral apers. Pages 1 and 2 no 72 hours after death.	1. PLACE OF DEATH a. COUNTY PRINCE GEO. Co. MARYLAND 2. USUAL RESIDENCE (Where deceased lived, If institution: F a. STATE W. VA b. COUNTY J	_
in by the Page hours a	b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) C. LENCTH OF STAY IN 1b C. CITY OR TOWN (if outside corporate limits, write RURAL AND SOM	and give nearest town)
	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS South in the first table of the street address.	e. IS RESIDENCE ON A FARM? YES NO
ted within 24 to completely filled we carbon paper: event, within 72	3. NAME OF First Middle Last 4. DATE Month	Day Year
cuted de compose compo	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years IFUNDER Months I ast birthday)	1346
e be execut rsician and c rlease remov and thrang	10a. USUAL OCCUPATION (Cive kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. C	ITIZEN OF WHAT
certificate be ding physician Then please removal, and Tr	13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 14. MOTHER'S MAIDEN NAME 15. FATHER'S MAIDEN NAME 16. W. Se (U. C. L. S.	1
ath certif attending rmit. The	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITYNO. 17. INFORMANT (Yes, no, or unknown) (If yes pive war or dates of service)	14. 104
the de	18. CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) LARDIAE ARREST.	INTERVAL BETWEEN ONSET AND DEATH
sig sig	Conditions, If any, which gave rise to immediate cause (a), stating the DUE TO DUE TO DUE TO DUE TO DUE TO	2 weeks
CIAN: The law requirespital or attending certificate has been ned for use as the b. of Health prior to b.	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION CIVEN IN PART 1(a)	19. WAS AUTOPSY PERFORMED? YES NO
PHYSICIAN: the hospital this certifi detached fo e Dept. of H	20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury In Part I or Part II of Item 18 (IF EITHER, NOTIFY MEDICAL EXAMINER)	.)
	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) While at work 19 at work	unty) (State)
ATTENDING retained by CTOR: Afte 3 should be vith the Star	21. I certify that (I) (this hospital) attended the deceased from 5/15, 1966, to 5/23, 1966, saw the deceased alive on 3/23, 1966, and that death occurred at M, from the causes and on t	he date stated above.
AL OR ATTEN nay be retain IL OIRECTOR: page 3 shou filed with th	Flury of Police M.D. ATTENDING MED. STAFF 5/	24/66
TO HOSPITAL OR ATTENDING Page 4 may be retained by TO FUNERAL DIRECTOR. After director, page 3 should be should be filed with the Stat	PHYSICIAN'S NAME (Type) HENRY J PALACIO 2544 Naylor Road, S.E.	
Pag To Fi dire shot	23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or conserved burial 5-29-66 Fair View Memorial Cem. West, Va. (Charles
VR AIS (4)	24. FUNERAL DIRECTOR. 1 below 5 4339 four file & DATE 250 RECISTRAR 250. RECISTRAR DATE OF BOTH AND A SECURITIES ADDRESS DATE OF BOTH A SECURITIES ADDRESS DATE OF BOTH A SECURITIES ADDRESS DATE OF BOTH A SECURITIES ADDRE	

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH and 2 death. 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) a. COUNTY b. COUNTY hours after Prince George's

b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) Prince George MARYLANO c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) completely filled in by to ove carbon papers. Page y event, within 72 hours a c. LENGTH OF STAY IN 1b DOA Mt. Rainier Cheverly d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET AOORESS e. IS RESIDENCE ON A FARM? 3127 Queenschapel Road Prince George's General Hospital NO X YES 3. NAME OF First Middle Last DATE DECEASED OF DEATH (Type or print) MORTENSON **AUGUSTA** HELEN 5. SEX 6. COLOR OR RACE | 7. MARRIED | NEVER MARRIED and con 8. DATE OF BIRTH AGE (In years | IF ONOER 1 YEAR | IF UNDER 24 HRS last birthday) Months Oavs WIDOWED & Nov. 25, 1888 White DIVORCEO [Female physician in please in val, and in 10a. USUAL OCCUPATION (Give kind of work done | 10b. KINO OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT be during most of working life, even if retired) COUNTRY? death certificate 13. FATHER'S NAME Evanston, Illin 14. MOTHER'S MAIOEN NAME Illinois U.S. None removal ng bl Augusta Spangberg Edward Springer 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address permit. (Yes, no, or unkown) | (If yes give war or dates of service) 3127 Oseenschapel Rd cremation, Mrs. Vernal L. Eisler. None the 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] Rainier. Maryland. INTERVAL BETWEEN law requires that the been signed by the burial-transit or to burial, crems I. DEATH WAS CAUSED BY: the hospital or attending physician. a IMMEDIATE CAUSE (a) **OUE TO** Conditions, If any, which gave rise to Immediate OUE TO cause (a), stating as th underlying cause last. (c) CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY 19. for use Health PERFORMEO? certificate NO YES PHYSICIAN: 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury in Part 1 or Part 11 of Item 18.) detached for the Dept. of 1 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, (State) 20f. (City or town) (County) factory, street, office bidg., etc.) Hour a.m. While Not While O HOSPITAL OR ATTENDING Page 4 may be retained by p.m. at work at work 0 21. I certify that (I) (this hospital) attended the deceased from DIRECTOR: age 3 should lied with the saw the deceased alive on. and that death occurred at SalM, from the causes and on the date stated above. SUSNATURE-OATE SIGNED 22b filed ATTENDING PHYS. M.O. DIRECTOR FUNERAL I 22d. AOORESS 3066 director should BURIAL, CREMATION, REMOVAL (Specify) 23b. 23d. LOCATION (City, town or county) OATE THEREOF NAME OF CEMETERY OR CREMATORY (State) FUNERAL DIRECTOR REGISTRAR'S REC'O BY REGISTRAR 25b. VR A.15 (4) W. W. CHAMBERS CO., INC. Riverdale, Maryland 20M 1/65

Prince George	ុំ ខាន់ខ្មែន។		atorgood moralm
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,a,e	Evanston, Tilloois	osm'í	louse Mile
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CR โดยลีเรียบตัวสม	rs. emal . Isler, J127 f. aisler, artani.	ano()	01

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral and 2 death. PLACE DF DEATH a. COUNTY 2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) the n b. COUNTY after Prince Georges after Maryland Prince Georges MARYLAND by the Pages CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) C. LENGTH OF STAY IN 1b hours Cheverly Clinton 16 -= d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) filled d. STREET ADDRESS e. IS RESIDENCE ON A FARM? within 72 Prince Georges General Hospital Dangerfield Rd. NO YES letely Dog 3. NAME DF DECEASED First Middle Last DATE Month Day Year DF DEATH event, (Type or print) Mullikin Compton Barnes 22 19 May 66 executed 6. COLOR OR RACE | 7. MACKINIX NEVER MARRIED X 8. DATE OF BIRTH AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS last birthday) Months Days Hours any ANIBOWED LET XXXXXX DIVING FOUX White Male 19 Aug., 1890 lease re and in 1Da. USUAL OCCUPATION (Give kind of work done | 10b. KIND OF BUSINESS OR during most of working life, even if retired) INDUSTRY 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? physicial Retired Farmer Maryland certificate . Then ple removal, 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME attending premit. Then William Mullikin Martha A. Beall 15. WAS DECEASED EVER IN U.S. ARMED FORCES? ed by the attenctransit permit. 16. SOCIAL SECURITY NO. 17. INFORMANT Address death (Yes, no, or unkown) (If yes give war or dates of service) Linda L. Stone 7812-Dangerfield Dr Clinton Md 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c),] INTERVAL BETWEEN certificate has been signed by the hed for use as the burial-transit t. of Health prior to burial, cremat ONSET AND DEATH PART I. DEATH WAS CAUSED BY: SICIAN: The law requires that the hospital or attending physician. IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which (b) gave rise to immediate DUE TO cause (a), stating the underlying cause last. (c) CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTDPSY detached for use to Dept. of Health PERFORMED? YES ND 2Da. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) TO FUNERAL DIRECTOR: After this director, page 3 should be detact should be filed with the State Depi MEDICAL 20c. TIME OF INJURY Month, Day, Year (State) 20d. INJURY OCCURRED 12De, PLACE OF INJURY (Home, farm, 20f. (City or town) (County) factory, street, office bldg., etc.) Hour a.m. While Not While be retained by at work at work Man 22 19 66, that (1) (we) last 5-13-6- 1966. to 21. I certify that (1) (this hospital) attended the deceased from_ 19 66, and that death occurred at 2,40% from the causes and on the date stated above. saw the deceased alive on 22b. DATE SIGNED 22a. SIGNATURE ATTENDING MED. DIRECTOR STAFF PHYS. PHYS. Page 4 may 1 M.D. PHYSICIAN'S 22d. ADDRESS NAME (Type) NAME OF CEMETERY OR CREMATORY BURIAL, CREMATION, 23b. DATE THEREOF LOCATION (City, town or county) REMOVAL (Specify) Burial Epis. Church Ohrist Clinton PUNERAL DIRECTOR EC'D BY REGISTRAR ADDRESS immons Bros. VR A15 (4) 1661-Good Hope Rd SE Wash DC 15M 4-64

naveral engine and a discount of the contract Trince George Seneral noupital '7719 papers Lebe Mr.

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 428 CERTIFICATE OF DEATH funeral death. deaf and PLACE DF DEATH 2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) a. COUNTY b. COUNTY after after Ceorges Prince Georges MARYLAND Pages b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENCTH OF STAY IN 1b bon papers. Pag within 72 hours hours 26 Suitland Oron Hill = d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) filled d. STREET ADDRESS e. IS RESIDENCE ON A FARM? Swan nursing Home. Creek Road NO I within etely completely we carbon NAME DE 3. First Middle Last DATE Month Year DECEASED DF event, William 31 negele (Type or print) DEATH Mau 19 66 SEX 6. COLOR OR RACE DATE OF BIRTH remove ACE (In years LIF UNDER 1 YEAR IIF UNDER 24 HRS 7. MARRIED NEVER MARRIED [last birthday) | Months | Days Hours any and /2/1866 WIDOWED IT. DIVORCED 10a. USUAL OCCUPATION (Give kind of work done | 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT physieian ease during most of working life, even if retired) INDUSTRY COUNTRY? and Ohio Dent. Store lanager 1.S.G. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME the attending phi it permit. Then p remova LNKNOWN UNKNOWN leaele 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 801 Swaffd Greek Rd. 17. INFORMANT 10 (Yes, no, or unknwn) (If yes give war or dates of service) cremation, Oxon Hill. Maryland 18. CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN burial-transit burial, cremat **QNSET AND DEATH** by PART I. DEATH WAS CAUSED BY OCC IMMEDIATE CAUSE (a) Signed DUE TO requires Conditions, If any, which 13 SC 2520791 has been as the bu gave rise to immediate cause (a), stating the DUE TO underlying cause last. (c) CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY r this certificate by detached for use te Dept. of Health is PERFORMED? NO DO YES PHYSICIAN: 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part II of Item 18.) OR CONTRIBUTING | CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e, PLACE OF INJURY (Home, farm, (State) 20f. (City or town) (County) factory, street, office bldg., etc.) Hour a.m. While Not While After pe p.m. at work at work P 21. I certify that (i) (this hospital) attended the deceased from 196 DIRECTOR: age 3 should lied with the and that death occurred at 7 150 M. from the causes and on the date stated above. saw the deceased alive on 22a. SIGNATURE DATE SICNED page M.D. PHYS. DIRECTOR PHYS. may Page 4 may TO FUNERAL 22c. PHYSICIAN'S 22d. ADDRESS director, p should be NAME (Type) OBB should BURIAL, CREMATION. NAME OF CEMETERY OR CREMATORY LOCATION (City, town or county) REMOVAL (Specify) remaleon REC'D BY RECISTRAR 196 VR A15 (4) 20M 1/65

MA	MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MA	ADVI AND
	07429 CERTIFICATE OF DEATH	07423
death	1. PLACE OF DEATH a. COUNTY 2. USUAL RESIDENCE (Where deceased lived, If institution: Res	idence before admission
E C	Prince George's MARYLAND MARYLAND MARYLAND Prince	e George's
1	b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) c. CITY OR TOWN (if outside corporate limits, write RURAL a	
	Cheverly 5 days Landover	16-1
	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS	e. IS RESIDENC ON A FARM?
4	Prince George's General Hospital 7534 Hawthorne St.	YES NO X
	3. NAME OF First Middle Last 4. OATE Month DECEASED	Day Year
-	(Type or print) Baby Girl Newton DEATH May	6 1966
1	7. MARKIED NEVER MARKIED 1 As SITE OF STATE OF S	YEAR IF UNDER 24 HR
1	Female White WIDOWED DIVORCED May 1. 1966 yrs.	5
1	during most of working life, even if retired) INDUSTRY COL	IZEN OF WHAT JNTRY?
1	none Prince George's, Maryland US	A
1	George Benjamin Newton Eleanor Marie Kirkpatrick 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address	
1	(Yes, no, or unkown) (If yes pive war or dates of service)	
-	no Mother same as al	DOVE INTERVAL BETWEEN
	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: Death I. Lead Moth was 1.	ONSET AND DEATH
Н	MMEDIATE CAUSE (a)	
	cenditions, if any, which) Hemophillus suffuence	
4	gave rise to Immediate	
	cause (a), stating the underlying cause last.	
1		19. WAS AUTOPSY
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIDUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 20a, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH OF CONTRIBUTING CAUSE OF DEATH	PERFORMED?
	20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.)	
- 1		
	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) while at work at work	ty) (State)
-	Hour a.m. While Not While at work at work factory, street, office bidg., etc.)	
	21. I certify that XIM this hospitall attended the deceased from May 1 , 19 66, to May 6 , 1966	_, that (X (we) las
	saw the deceased alive on May 6 1966, and that death occurred at6:00M, from the causes and on the	e date stated above
		TE SIGNED
	M.D. PHYS. OIRECTOR PHYS.	10/66
1	22c. PHYSICIAN'S NAME (Type) Iradj Mahdavi, M.D. 22d. ADDRESS 6821 Riverdale Rd., Riverdale	ма
	23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or coun	
	Cremation 5/14/66 Prince Georges Gen. Hosp. Cheverly, Mary 1	
	ADDRESS 25a. REC'D BY REGISTRAR! 25b. REGISTRAR'S	SIGNATURE
1	Administrator, Cheverly, Md. MAY 17 1966 yellanle	Judge
14	DATE OF THE PARTY	0
	/ _ //// / 9 7	

TO SHE INCIDENCE.					
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			ayab 8	everly	
	.78 ans	ARTH HENCH	Intigant Least	A Stanon and	
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		May 1. 1956		ariak,	afa ri
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	in amain	Alteror Nario		andatal. Hawton	e egrop)
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	A P No.		. H.d.		

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND OTA30 CERTIFICATE OF DEATH

0.02	,	OLIVIII IOATI	L OI DEAI			11147	4
1. PLACE OF DEAT a. COUNTY	Н			NCE (Where deceased		Residence before a	dmission)
	ince Georges	MARYLAND	a. STATE	arvland	b. COUNTY	. Galla	
b. CITY OR TOV	VN (if outside corporate limits, and give nearest town)	c. LENGTH OF STAY IN 1b		(If outside corporat			st town)
Forest		6 wks	Parkl	and		16-1	
	SPITAL OR INSTITUTION (if not in i		d. STREET ADDRES	SS	102	e. IS RES	SIDENCE FARM?
Regent	Nursing Home		5515 Pa:	rkland Co	ourt-Apt	YES 🗌	NO X
3. NAME OF DECEASED	First	Middle	Last	4. DATE	Month	Day Ye.	ar
(Type or print)	James	A.	Newton B. DATE OF BIRTH	DEATH	May	6, 19	66
5. SEX	6. COLOR OR RACE 7. MARRIED	ME HEACH MAKATED		last	(In years IFUNDE birthday) Months	Days Hours	
Male	White WIDOWEL	tered (March 19	TOOK OF	yrs.		
during most of work	TION (Give kind of work done 10b. i	KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE	(County & State, or fo	reign country) 12.	CITIZEN OF WHAT COUNTRY?	ı
Paint St	ore Business	Own Business		Carolina		U. S. A	
13. FATHER'S NAM		TO SELECT THE SERVICE OF THE SERVICE	14. MOTHER'S MA				
	er Newton			Covingtor			
	EVER IN U.S. ARMED FORCES? 16	S. SOCIAL SECURITY NO. 17.	INFORMANT		Address		
No	******	Ge	rtrude F	Newton-	-Same as	Item #	2
	DEATH [Enter only one cause per	line for (a), (b), and (c).]	1			INTERVAL BE	DEATH
PART I. D	EATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	HARdIAC All	20251			ONSET AND	DEATH
6000	DUE TO		-			4-28	-66
Conditions, If		GENERAL DE	10568				
gave rise to cause (a), s	\ DIIE 70		1 - 1.			5-6	-66
underlying cau		29810 NEph	relcs				
PART II. OTHER	SIGNIFICANT CONDITIONS CONTRIB	BUTING TO DEATH BUT NOT RELA	TED TO THE TERMINA	L DISEASE CONDITIO		19. WAS AL	UTOPSY RMED?
IICA	LEST CVIT	. & ferw	(clous	ANSIUL	12-Halm	YES 🗌	NO 🔀
CR CONTRIBUT	WASONDERLYING 20b.	DESCRIBE HOW INJURY OCCU	RRED. (Enter nature	of Injury In Part I	or Part II of Item 1	18.)	
	INJURY Month, Day, Year 20d.		CE OF INJURY (Home		or town) (C	county) ((State)
20c. TIME OF Hour a.	AAUIT	e my Not white my	ry, street, office bldg	., etc.)			
	m. 19 at wo		man	19.65. to 1	1146.19	66. that (1) (1	wa) last
	fy that (1) (this hospital) attendeceased alive on 5-6-	1966, and that	death occurred a	0 0	he causes and on	,	
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NAME (T	ype) Mark H. Pil	lor '	Distr:	ict Hghts			
23a. BURIAL, CREI		23c. NAME OF CEMETERY	OR CREMATORY	23d. LOCATI	ON (City, town or o	county) (S	State)
Burial	5/9/66	Washington		emetery	Suitland	d. Md.	
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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH death. funeral and 2 death. PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, If Institution: Residence Defore admission) a. COUNTY b. COUNTY a. STATE after in any event, within 72 hours after Prince George's MARYLAND Marvland Charles by the Pages b. CITY OR TOWN (If outside corporate limits, c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b write RURAL and give nearest town) hours Cheverly 26 dats ≘. Waldorf papers. d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS filled e. IS RESIDENCE ON A FARM? Prince George's General Hospital NO X Box 151 YES letely carbon Last DATE Month Day Middle 4. Year DECEASED (Type or print) Mary Nimmerrichter DEATH May 30 1966 5. SEX 8. DATE OF BIRTH 6. COLOR OR RACE 7. MARRIED XX NEVER MARRIED AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS. last birthday) Months Days Hours 8-15-35 Female White WIDOWED DIVORCED 30 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) INDUSTRY 12. CITIZEN OF WHAT 11. BIRTHPLACE (County & State, or Greign country) physician lease and in COUNTRY? be Housewife Domestic Charles Maryland U.S certificate or removal, 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME attending ph rmit, Then Herman F. Adams Sadie Buckler 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address permit. (Yes, no, or unkown) (If yes give war or dates of service) cremation, 214-36-3707 Nimmerrichter Waldorf the been signed by the the burial-transit or to burial, cremati 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which (b) gave rise to immediate DUE TO cause (a), stating prior 1 underlying cause last certificate has CERTIFICATION WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) for use Health YES XX NO T 20a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE NOW INJURY OCCURRED. (Enter nature of injury in Part V or Part II of Item 18.) ō detached Dept. this MEDICAL 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 120e, PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) State [factory, street, office bldg., etc.) Hour a.m. Not While While director, page 3 should be d should be filed with the State at work at work retained 21. I certify that (X (this hospital) attended the deceased from. May 4 19 66, to May 30, 19 66, that the (we) last May 30 19 66 and that death occurred at 2:30M, from the causes and on the date stated above. saw the deceased alive on 22a. SIGNATURE 22b. DATE SIGNED 5/31/66 STAFF PHYS. ATTENDING M.D. PHYS. DIRECTOR Page 4 may PHYSICHAN'S 22d. ADDRESS NAME (Type) 1835 Eve St. N.W. Wash. D.C. John H. Bayl DATE THEREOF NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) BURIAL, CREMATION, 23b. Burial (Specify) 6-3-66 Peters Cemetery Waldorf REC'D BY REGISTRAR | 25b. 24. FUNERAL DIRECTOR ADDRESS REGISTRAR'S SIGNATURE The Huntt Funeral Home Waldorf, Md. VR A15 (4) 15M 4-64

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE 07426 HEALTH DEPT. PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. COUNTY b. COUNTY Prince George's a. STATE 0 Prince George's jo death. MARYLAND Maryland delay and 3 1 Department CITY OR TOWN (If outside carporate limits, write RURAL and give nearest tawn) C LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest tawn) ofter (BOA Cheverly Oxon Hill d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) e. IS RESIDENCE d. STREET ADDRESS haurs with farm 5309 Oakcrest Drive Apt. Prince George's Hospital Sive Pages ate death. 3. NAME OF Middle First Last 4 DATE Month Day Year DECEASED the May Bertha Palmer 66 within DEATH 19 (Type or print) 5 SEX 9. AGE (In years 6. COLOR OR RACE 8. DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS 7. MARRIED NEVER MARRIED lasta bithday) Haurs white Feb. 24, 1914 female. WIDOWED DIVORCED event and 2 1Da. USUAL OCCUPATION (Give kind of work done 1Db. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT in He during mast af warking life, even if retired) INDUSTRY COUNTRY? any pages in any Waitress Restaurant Pennsylvania.

14. MOTHER'S MAIDEN NAME II.S. A pencil i 13. FATHER'S NAME This certificate shauld be executed within Raymond Kessler pup Louria 1S. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address permit. (Yes, na, ar unknawn) (If yes give war ar dates af service) (husband) ar remaval, Same as #2 579 09 9559 Clarence H. Palmer Sr. no 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c),) INTERVAL BETWEEN burial-transit PART I. DEATH WAS CAUSED BY HERD FINITEM Laceration of brain IMMEDIATE CAUSE (a) writing the ward burial, crematian, DUE TO Canditians, if any, which gave minutes Depressed skull fracture rise ta immediate cause (a) DUE TO stating the underlying cause SD PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? the certificate. NO PC 0 2Da. EXTERNAL CAUSE WAS 2Db. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) designated agent, prior PRIMARY I or CONTRIBUTING I Driver of car which ran off road and overturned MEDICAL EXAMINER: CAUSE OF DEATH 20e. PLACE OF INJURY (Hame, farm, 2Dc. TIME OF INJURY Manth, Day, Year 2Dd. INJURY OCCURRED 2Df. (City or town) (County) (State) 12Noon a.m 3-13-66 Nat While at wark factory, street, affice bldg., etc.)
7800 Block Rt. the funeral directar. Page 4 may be retained far yaur FUNERAL DIRECTOR: Page 201 Oxon Hill P.G. Md. at wark L 21. I certify that I taak charge af the remains described above, held an Autopsy Inspection X, Inquiry X and in my opinion death resulted fram: Natural causes Accident 200 Suicide Hamicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE 5-14-66 TO DEPUTY 10 DEPUTY MEDICAL EXAMINER * **EXAMINER'S** Health o APPLY Erelaily eown, Modounty) NAME (Type) John Kehoe, M.D. 3b. DATE THEREOF 23a. BURIAL CREMATION 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (State) (County) 50 Burian (Specify) 5/17/66 Ft. Lincoln Colmar Manor, Md. 24. FUNERAL DIRECTOR 2Sb. REGISTRAR'S SIGNATURE VR ATSME (5) 1966 Francis Gasch's Sons Hyattsville, Maryland

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CORDS. 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND DIVISION OF STATISTICAL RESEARCH AND CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution, Rasidence before admission) a. COUNTY b. COUNTY MARYLAND b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give neerest town) write RURAL and give nearest town) HYPTTS VILLE

d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) WASHING-TON d. STREET ADDRESS e. IS RESIDENCE ON A FARM? TES NO Z YATTS VILLE 3. NAME OF Year DECEASED OF (Type or print) DEATH 1966 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 9. AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS. 5. SEX 8. DATE OF BIRTH last birthday) Months! Days Hours WIDOWED DIVORCED 10a. USUAL OCCUPATION (Give kind of work 12. CITIZEN OF WHAT COUNTRY? 10b. KIND OF BUSINESS OR INDUSTRY oreign country) dona during most of working life, even if retired) PER SONNELL TELEPHONE CO. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME HELEN WOATER 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. | 17. INFORMANT 1B. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which (b) gave rise to immadiate cause DUE TO (a), stating the undarlying causa last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II.) 19. WAS AUTOPSY PERFORMED? NO 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 2Db. DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Part I or Part II of item 18.) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 2De. PLACE OF INJURY (Homa, farm, ' (County) (Stete) factory, streat, offica bldg., atc.) While Not While Hour a.m. at work at work p.m. OR: 21. | certify that (I) (this hospital) altended the deceased from ... and that death occurred at 49 AM, from the causes and on the date stated above. saw the deceased alive on. DATE 22a. SIGNATURE ATTENDING STAFF PHYS. DIRECTOR PHYS. M.D. 22d. ADDRESS 22c PHYSICIAN' NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (Stete) 6/0N 0 24 FUNERAL DIRECTOR'S SIGNATUR VR A15 (4) 15M 7-62

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1. MARYLAND CERTIFICATE OF DEATH funeral and 2 death. and PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. CDUNTY b. COUNTY Prince George's Prince George's MARYLAND Marvland b. CITY OR TOWN (If outside corporete limits. c. CITY DR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH DF STAY IN 1b Pag p write RURAL and give nearest town) hours hours 25 days Cheverly .⊑ College Park filled d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) e. IS RESIDENCE ON A FARM? papers. d. STREET ADDRESS within 72 Prince George's General Hospital 7603 Sweet Briar Street ND X YES etely executed within arbon 3. NAME OF Day DATE Month Year Middle DECEASED (Type or print) Marguerite W. Phelps DEATH 23 19 66 May 5. SEX 6. COLOR OR RACE | 7. MARRIED NEVER MARRIED AGE (In years | IFUNDER 1 YEAR | IFUNDER 24 HRS. DATE OF BIRTH 8. 9. last birthday) | Months | Days Hours Female White Aug. 19, 1892 WIDOWED [DIVORCED T 73 and in 12. CITIZEN DF WHAT 10a. USUAL OCCUPATION (Give kind of work done | 10b. KIND DF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) attending physician rmit. Then please COUNTRY? pe during most of working life, even if retired) INDUSTRY USA Ohio home Cincinnati Housewife at certificate removal, 13. FATHER'S NAME MDTHER'S MAIDEN NAME Cole Jennie Hartzell George Address 15. WAS DECEASED EVER IN U.S. ARMED FDRCES? 17. INFORMANT 16. SDCIAL SECURITY NO. transit permit. Sweetbrigr death 760 (Yes, no, or unkown) (If yes give war or dates of service) No None Unknown Charles G. Phelps ege 0 the 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ial-transit DNSET AND DEATH ò PART I. DEATH WAS CAUSED BY: PHYSICIAN: The law requires that the hospital or attending physician. IMMEDIATE CAUSE (a D FUNERAL DIRECTOR: After this certificate has been signed director, page 3 should be detached for use as the burial-traishould be filed with the State Dept. of Health prior to burlal, cr 4200 DUE TO Conditions, If any, which (b) gave rise to immediate DUE TO cause (a), stating the underlying cause last. CERTIFICATION WAS AUTOPSY PERFORMED? PART II. DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. V NO T YES 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH
(IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) MEDICAL 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) factory, street, office bldg., etc.) Hour a.m. While Not While be retained by at work at work 21. I certify that (I) (this hospital) attended the deceased from , and that death occurred at :05 M, from the causes and on the date stated above. saw the deceased alive on Mon 73 DATE SIGNED 22b. 22a. SIGNATORE ATTENDING PHYS. MED. M.D. DIRECTOR PHYS. Page 4 may ADDRESS PHYSICIAN'S 22C. NAME (Type) Dr. Samuel Sugar 4637 Eastern Ave., Washington, D.C. (State) BURIAL, CREMATION, 23b. DATE THEREOF NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) REMOVAL (Specify) 2 netery Washington, D. C. 25a. REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE 26 1966 Congressional Cemetery Buria FUNERAL DIRECTOR VR A15 (4) 15M 4-64

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CERTIFICATE OF DEATH Reg. Dist. No. 01429 PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. COUNTY filed b. COUNTY MARYLAND Prince George Maryland Prince George b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town? Hvattsville Hyattsville, Maryland d. NAME OF HOSPITAL (If not in hospital, give street oddress)
OR INSTITUTION d STREET ADDRESS IS RESIDENCE ON A FARM? 1804 Crosby Road 1804 Crosby Road YES NO TE NAME OF DECEASED First Middle Month Year OF DEATH RAYMOND ATTHEM (Type or print) MAY 1966 6. COLOR OR RACE 7. MARRIED W NEVER MARRIED 9. AGE (In years lost birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. Months WIDOWED [7] DIVORCED T June 28, 1914 Male White 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

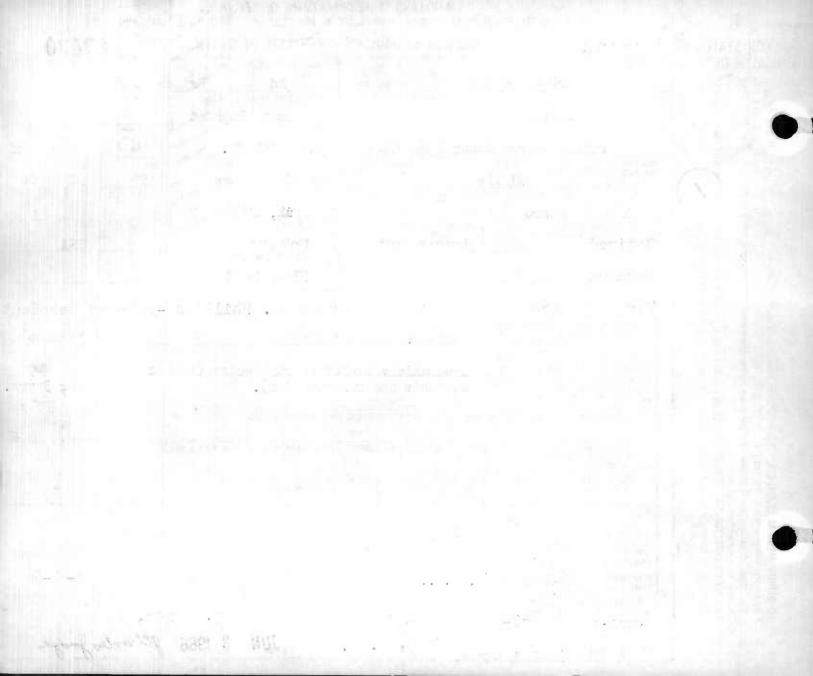
10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY: Auditor I. R. S U.S. Government New Jersey 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Elizabeth Stephens 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 17. INFORMANT 16. SOCIAL SECURITY NO Mrs. Mildred S. Phillips Same as #2 (wife) no 1B. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Carcinoma Tosas 4-5 month DUE TO Conditions, if any, which gove rise to immediate DUE TO couse (o), stoting the under-Carcinoma lying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(p) 19, WAS AUTOPS) PERFORMED? YES NO 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port 1 or Port II of item 18.) 20c. TIME OF INJURY Month, Day, Year 20e. PLACE OF INJURY (Home, farm, 20d. INIURY OCCURRED 20f. (City or town) (County) (Stote) foctory, street, office bldg., etc.) Hour a. fi. While Not while of work of work p. m. MAY 17, 1966, that I last saw the deceased 21. I certify that I attended the deceased from.___ ____, and that death occurred at 325 A.M., fram the causes and an the date stated abave. ADDRESS (Street, city or town, stote) ACTUAL PHYSICIAN'S NAME (Type) OBERT FUNER 220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERS OF CREMATORY 22d. LOCATION (City, town, or county) (Stote) PENOYAL SPECIFY 5/19/66 Ft. Lincoln Colmar Manor. 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 24g. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE Francis Gasch's Sons Hyattsville, Md.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 07430 PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) o. COUNTY o. STATE Prince George PM3. Page of Prince George haurs after death. MARYLAND b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)

CheverLy c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b. and DOA Seat Pleasant 16d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d STREET ADDRESS e. IS RESIDENCE ON A FARM? Prince George General Hospital 507 69th Pl. Give Pages YES | NO X Office alang with NAME OF First 4 DATE lost Doy Year DECEASED Willie Phillips 66 Within (Type or print) DEATH 30 19 SEX 6. COLOR OR RACE DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. 7. MARRIED NEVER MARRIED 38 yrs. Months Hours Item 18. Newro WIDOWED 28 Aprilk. 1928 DIVORCED event 10o. USUAL OCCUPATION (Give kind of work done 11. BIRTHPLACE (State or foreign country) 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired)
Retired INDUSTRY any Unknown _ Government pages in any 13. FATHER'S NAME pencil 14. MOTHER'S MAIDEN NAME shauld be executed within Unknown Flonnie pup 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no, or unknown) (If yes give wor or dotes of service) ward "pending" in the Chief Medical ar remaval, Korean Barbara A. Phillips -Same as decedent 1B. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) INTERVAL BETWEEN PART I. DEATH WAS CAUSED BY MINUTESTH Acute pulmonary edema IMMEDIATE CAUSE (o) writing the ward crematian, DUE TO Conditions, if ony, which gove Rheumatic valvular heart disease (Aortic rise to immediate cause (a). stenosis and regugitation). over 5 yrs. DUE TO certificate D stoting the underlying couse 19. WAS AUTOPS PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) PERFORMED? 0 NO X 20g. EXTERNAL CAUSE WAS prigr 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) 3 shauld PRIMARY CONTRIBUTING EXAMINER: CAUSE OF DEATH. 20c. TIME OF INJURY Month, Doy, Yeor 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) foctory, street, office bldg., etc.) may be retained for yaur FUNERAL DIRECTOR: Page ot work ot work 21. I certify that I took charge of the remains described above, held an Autopsy Inspection 3 Inquiry 3 ond in my opinion Natural causes Suicide the funeral director. death resulted fram: Accident Homicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE O DEPUTY TO FUNERAL Health or i DEPUTY MEDICAL EXAMINER 5-31-66 John Kehoe, M.D., **EXAMINER'S** Address (Street, city, town, or county) NAME (Type) 23d. LOCATION (City or Town) 23o. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY REMOVAL (Specif Ft. Meyer, Va 24. FUNERAL DIRECTOR Wash. VR A15ME (5) Fraziers Funeral Home, 6M 1/66



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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DEPT. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution; Residence before admission) o. COUNTY Prince George's o Maryland b. COUNTY rince George's D af MARYLAND partment c. CITY DR TDWN (If autside corparate limits, write RURAL and give nearest tawn) b. CITY DR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 16 and write RURAL and give nearest town)
Cheverly ofter DOA Hvattsville d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) e. IS RESIDENCE ON A FARM? d. STREET ADDRESS ate De 7003 Freeport Street Give Pages Prince George's General Hospital NO XX with the Sto within 72 F 3. NAME OF Last 4. DATE Month Doy Year DECEASED Quill John 24 Leonard Mav 19 66 Type or print) DEATH S. SEX IF UNDER 1 YEAR 6. COLOR OR RACE 7. MARRIED B. DATE OF BIRTH 9. AGE (In years IF UNDER 24 HRS. NEVER MARRIED lost birthdoy) 50 yrs. Months Doys Hours haurs WIDOWED DIVORCED 1-16-16 white tem 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired) INDUSTRY COUNTRY? 24 Truck Driver Washington D. C.

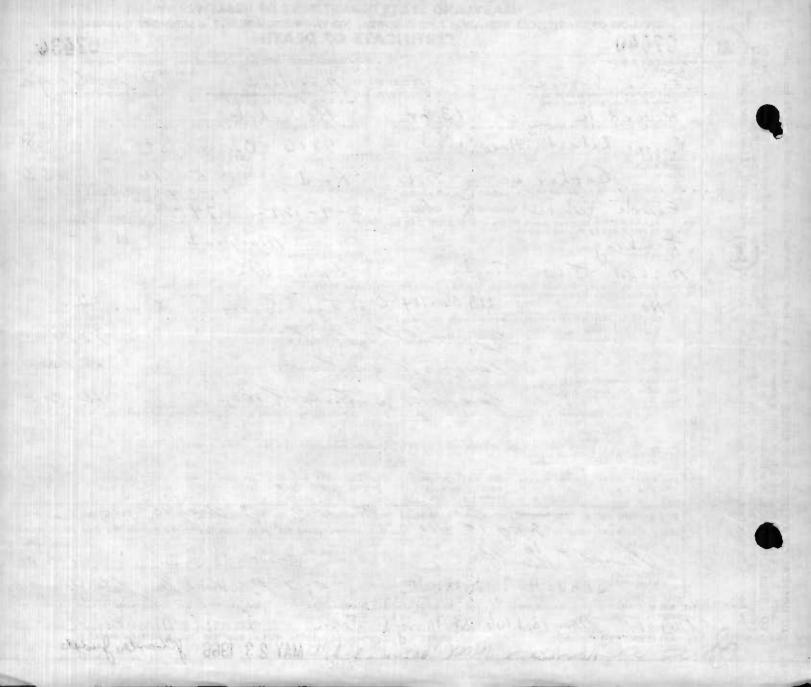
14. MOTHER'S MAIDEN NAME Safeway U.S. A. the certiticate, writing the ward "pending" in pencil i 4 shauld be forwarded ta the Chief Medical Examiner pencil 13. FATHER'S NAME This certificate shauld be executed within _ pup Henry Quill Nellie Brant IS. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) ((If yes give wor or dotes of service) 16 SDCIAL SECURITY ND 17. INFORMANT permit. remayal, 578 01 6190 WW 11 Yes Mrs. Aileen M. Quill Same as #2 (wife 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).)
PART I. DEATH WAS CAUSED BY:
Tht racereb INTERVAL BETWEEN burial-transit Intracerebral hemorrhage ь IMMEDIATE CAUSE (o) writing the ward cremation, Conditions, if ony, which gove Acute pulmonary edema minutes rise to immediate couse (a). DUF TO stoting the underlying couse 0 Both from hypertensive cardio-vascular disease SD unknown WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) CERTIFICATION please execute the certificate, YES T ND 9 pe 20g. EXTERNAL CAUSE WAS 20b. DESCRIBE HDW INJURY OCCURRED. (Enter noture of injury in Port 1 or Port II of item 18.) prior 3 should PRIMARY ☐ or CONTRIBUTING ☐ AL EXAMINER: CAUSE OF DEATH. agent, | 20c. TIME DF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e. PLACE DF INJURY (Home, form, (City or town) (County) (Slole) Hour o.m. While foctory, street, office bldg., etc.) may be retained for your FUNERAL DIRECTOR: Page Not While ot work of work designated 21. I certify that I taak charge of the remains described above, held an Autapsy Inspection & Inquiry 3 ond in my opinion the funeral director. Accident death resulted from: Natural couses of At. Suicide | Hamicide | Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE DEPUTY DEPUTY MEDICAL EXAMINER 5-25-66 **EXAMINER'S** Health John Kehoe, M.D. AdReinteredan ewn, Mounty) NAME (Type) 23o. BURIAL, CREMATION. 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (Stote) (County) 0 B & MOVAL (Specify) 5/27/66 Arlington National Arlington, Va. 24. FUNERAL DIRECTOR 2So. REC'D BY REGISTRAR VR A15ME (5) 6M 1/66 Francis Gasch's Sons Hyattsville, Md

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND OF DEATH death. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) 1. PLACE OF DEATH वि ज a. COUNTY Prince Pages 1 a. STATE Prince Geoge's George's hours after Mary Land MARYLAND b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b carbon papers. Pag ent, within 72 hours Beltsville filled in d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) 9 hrs. d. STREET ADDRESS e. IS RESIDENCE ON A FARM? Prince George's General Hospital 11613 35th Place NO I YES ietely executed within NAME OF First Middle Last 4. DATE Month Day Year 1966 DECEASED OF 17 May Ray event, (Type or print) Mabel DEATH 6. COLOR OR RACE 5. SEX DATE OF BIRTH AGE (In years | IFUNDER 1 YEAR | IFUNDER 24 HRS. | Ist birthday) | Months | Days | Hours | Min. 7. MARRIEO NEVER MARRIED White Female any 2-19-87 WIDOWED DIVORCED 79yrs. attending physician a ermit. Then please non, or removal, and in Ξ. 10a. USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired) INDUSTRY COUNTRY? Pa. U.S. Housewife FATHER'S NAME certificate 14. MOTHER'S MAIDEN NAME Unknown Mary Clutter 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. | 17. INFORMANT Address (Yes, no, or unkown) | (If yes give war or dates of service) law requires that the death has been signed by the att as the burial-transit permi prior to burial, cremation, o Edward E. Ray # I Edgewater. R.T. No 195-03-15 INTERVAL BETWEEN 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] ONSET AND DEATH PART I. DEATH WAS CAUSED BY: or attending physician. IMMEDIATE CAUSE (a) DUE TO Conditions, If any, which (b) gave rise to immediate **DUE TO** (a), stating underlying cause last certificate has CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY detached for use e Dept. of Health PERFORMED? NO T YES the hospital PHYSICIAN: 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury In Part 1 or Part 11 of Item 18.) (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL (State) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e, PLACE OF INJURY (Home, farm, 20f. (City or town) (County) factory, street, office bldg., etc.) 0 Hour a.m. While Not While at work After Id be d ATTENDING be retained by Stat p.m. at work _ to May 17 1966 . that (15 (we) last DIRECTOR: A age 3 should lied with the 21. I certify that (d) (this hospital) attended the deceased from May 17 1966 and that death occurred a 9:05 pm. from the causes and on the date stated above. 19 saw the deceased alive on 22b. DATE SIGNED 22a. SIGNATURE page : ATTENDING MED. DIRECTOR 5/17/66 M.D. PHYS. PHYS. 4 may TO HOSPITAL
Page 4 may
TO FUNERAL I
director, page ADDRESS PHYSICIAN'S 22d. NAME (Type) Prince George's Genl. Hosp. Cheverly, Md. Edwin J. Vensen, M.D. 23d. LOCATION (City, town or county) (State) DATE THEREOF NAME OF CEMETERY OR CREMATORY BURIAL, CREMATION. REMOVAL (Specify) Buria Lincoln Prince Cemetery Georges 25a. REC'D BY REGISTRAR I 25b. REGISTRAR'S SIGNATURE ADDRESS FUNERAL DIRECTOR Washington, D.C. VR A15 (4) Funeral Home 15M 4-64

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OF STATISTICAL RESEARCH AND RECORDS, 301 PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH bluods I. PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, If Institution, Residence before edmission) b. COUNT MARYLAND b. CITY OR TOWN (if outside comporate limits. OR TOWN (If outside corporete limits, write RURAL end give neerest town) c. LENGTH OF STAY IN 16 write RURAL and give nearest town) d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE hours ON A FARM? YES T NO 3. NAME OF Middle 72 Month DECEASED OF (Type or print) DEATH AGE (In years | IF UNDER 1 YEAR 6. COLOR OR RACE IF UNDER 24 HRS. last birthday) Hours Months 1 WIDOWED V DIVORCED | - 7 -10a. USUAL OCCUPATION (Give kind of work 1Db. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) arulea raching 13. FATHER'S NAME 15. WAS DECEASED EVER IN U.S. ARMED FORCES? Address (Yes, no, or unkown) | (Hyesgive war or detes of service) 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c). INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: 200000 IMMEDIATE CAUSE (a) DUE TO Conditions, if eny, which (b) gave rise to immediate cause DUE TO (a), steting the underlying cause last. 19. WAS AUTOPSY PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DÉATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) PERFORMED? NO W 2De. ACCIDENT WAS UNDERLYING | 2Db. DESCRIBE HOW INJURY OCCURED, (Enter neture of injury in Pert I or Pert II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Homa, farm, 2Df. (City or lown) (County) (State) factory, straat, office bldg., etc.) While Not While Hour a.m. et work at work 0 21. I certify that (I) (this hospital) attended the deceased from Manual 15 19 66, and that death occured at A.M., from the causes and on the date stated above. saw the deceased alive on ... many 22b. DATE 22a. SIGNATURE ATTENDING SIGNED TO HULL Geath. Page TO FUNERAL I director, page ? DIRECTOR PHYS. PHYS. 22d. ADDRESS 22c. PHYSICIAN'S (Stefe) 23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) SEMOVAL (Specify) REC'D BY REGISTRAR 256 RESISTRATES SIGNATUR 24 FUNERAL DIRECTOR'S SIGNATURE 15M 7/61



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral and 2 hours after death. death, PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If Institution; Residence before admission) a. COUNTY e. STATE b. COUNTY after by the Pages 1 Prince George's MARYLAND Maryland Prince George's b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporete limits, write RURAL end give nearest town) within 72 hours 3 hr. 38 min. = Cheverly Rogers Heights d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) filled d. STREET ADDRESS e. IS RESIDENCE ON A FARM? Prince George's General Hospital 5306 Emerson Street YES NO etely carbon 3. NAME OF Middle Lest DATE Day Year DECEASED Rhodes Baby Boy 12 complive car (Type or print) DEATH May 19 66 6. COLOR OR RACE | 7. MARRIED AGE (In years | IFUNDER 1 YEAR | IFUNDER 24 HRS. | lest birthday) | Months | Days | Hgurs | Mig. | 5. SEX DATE OF BIRTH NEVER MARRIED Hours White May 12, 1966 Male WIDOWED DIVORCED [10a. USUAL OCCUPATION (Give kind of workdone during most of working life, even if retired) INDUSTRY 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT be COUNTRY? Prince George's, Maryland none LISA 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME remova Robert Wavne Rhodes Corliss Jane McCarson 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. | 17. INFORMANT Address (Yes, no, or unkown) (If yes give war or dates of service) Mother cremation. as above the 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH burial-transif burial, crema by PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) signed DUE TO compatibility Conditions, if any, which (b) рееп gave rise to immediate DUE TO cause (a), stating the as th prior t underlying cause last. this certificate has CERTIFICATION WAS AUTOPSY PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) for use Health PERFORMED? YES Z NO T 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) 20a, ACCIDENT WAS UNDERLYING detached for the Dept. of H OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20f. (City or town) (County) (Stete) Hour a.m. While at work at work After be retained 21. I certify that * (this hospital) attended the deceased from May 12 1966 to May 12 __ 1966 _ that XXX (we) last TO FUNERAL DIRECTOR: May 12 19 66 and that death occurred a5:40 M. from the causes and on the date stated above. saw the deceased alive on. 22b. DATE SIGNED 22a. SIGNATURE page ATTENDING PHYS. STAFF PHYS. XXX Alvarado, Bernardo 512/66 DIRECTOR Page 4 may Page 10 may Pa M.D. 22d. ADDRESS PHYSICIAN'S director, p should be 1 NAME (Type) 6201 Riverdale Rd. riverdale, Md. BURIAL, CREMATION, 23b. DATE THEREOF 23d. LOCATION (City, town or county) NAME OF CEMETERY OR CREMATORY (State) 5/21/66 Prince George's Gen. Hosp. Cheverly Cremation Maryland 25a. REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR 1966 VR A15 (4) Administrator, Cheverly, Md. 15M 4-64

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ecuted within 24 and completely fill move carbon paparany event, within		NAME OF First Middle Last 4. DATE Month DECEASED (Type or print) Carrie M. Riegel DEATH May	Day Year 14 1966
36 (0 (D 10		SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years lift UNDE last birthday) Months Female Cauc. WIDOWED X DIVORCED 3-24-1882 84 yrs.	
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that the death certificate by sician. gned by the attending physicial-transit permit. Then pleas ial, cremation, or removal, and		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Acute Extensive responsibility.	ONSET AND DEATH
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L OR ATTENDI y be retained URECTOR: A age 3 should		saw the deceased alive on 5-14 1966, and that death occurred at M, from the causes and on	the date stated above. DATE SIGNED
. > 0 00 0		Inaida Q. Galad M.D. ATTENDING MED. STAFF 22c/ PHYSICIAN'S I 22d, ADDRESS	5/15/66
TO HOSPITAL Page 4 may TO FUNERAL director, pa	238		county) (State)
01 01 p	24	REMOVAL (Specify) Burial 5/17/66 Prospect Hill Harrisburg FUNERAL DIRECTOR ADDRESS 254 REC'D BY REGISTRAN 255 THE STRANGE 254 THE STRANGE 255	Pa.
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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral hours after death. and PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) a. COUNTY the 1 a. STATE b. COUNTY Pages 1 urs after Prince George's MARYLAND Maryland Prince George's
c. CITY OR TOWN (if outside corporate limits, write RURAL end give nearest town) b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b stely filled in by bon papers. Page within 72 hours a Cheverly 1 day Upper Marlboro d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? Prince George's General Hospital Bx. 2210, Crane Road YES NO executed within and Completely carbon 3. NAME DE First Middle 4. DATE Month Day Year DECEASED OF (Type or print) Samue 1 J Robinson DEATH May 19 66 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 5. SEX DATE OF BIRTH AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS. last birthday) | Months | Davs Hours Male Negro WIDOWED June 5, 1905 DIVORCED 60 attending physiciam a ermit. Then please re on, or removal, and in 5 10a. USUAL OCCUPATION (Give kind of work done | 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired) INDUSTRY Prince George's Co., Md. Railroad Retired Railroad Mail certificate 13. FATHER'S NAME Laborer 14. MOTHER'S MAIDEN NAME Mary Ward Edis Robinson 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT transit permit. 16. SOCIAL SECURITY NO. Address (Yes, no, or unkown) | (If yes give war or dates of service) death 1436 R St. N. W. Rose Carter, Sister No been signed by the the burial-transit or to burial, cremati 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that to Page 4 may be retained by the hospital or attending physician. IMMEDIATE CAUSE (a) 420 DUE TO Conditions, If any, which (b) gave rise to Immediate as the prior to DUE TO cause (a), stating the underlying cause last. AUTOPSY CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS certificate hither that he was to the second PERFORMED? NO T 20a. ACCIDENT WAS UNDERLYING DR CONTRIBUTING CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part I or Part II of Item 18.) this certification of I (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c, TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) factory, street, office bldg., etc.) Hour a.m. While Not While After be at work at work should th the May 9 19 66 to May 10 19 66, that (lk(we) last 21. I certify that (K (this hospital) attended the deceased from DIRECTOR: Jage 3 should lied with the May, 10 and that death occurred a 2:30 M, from the causes and on the date stated above. saw the deceased alive on 22b. DATE SIGNED 22a. SIGNATURE ATTENDING MED STAFF PHYS. DIRECTOR PHYS. M.D. FUNERAL 22d ADDRESS TO FUNERAL director, p should be f PHYSICIAN'S NAME (Type) Frederick H. Wilhelm, M.D. BURIAL, CREMATION 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county)/ REMOVAL (Specify) Buria Lincoln Memorial Cemetery Suitland. Maryland REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE FUNERAL DIRECTOR VR A15 (4) 20M 1/65

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	AL DO	1	22c. PHYSICIAN NAME (Ty						Glenn Dale		tal	
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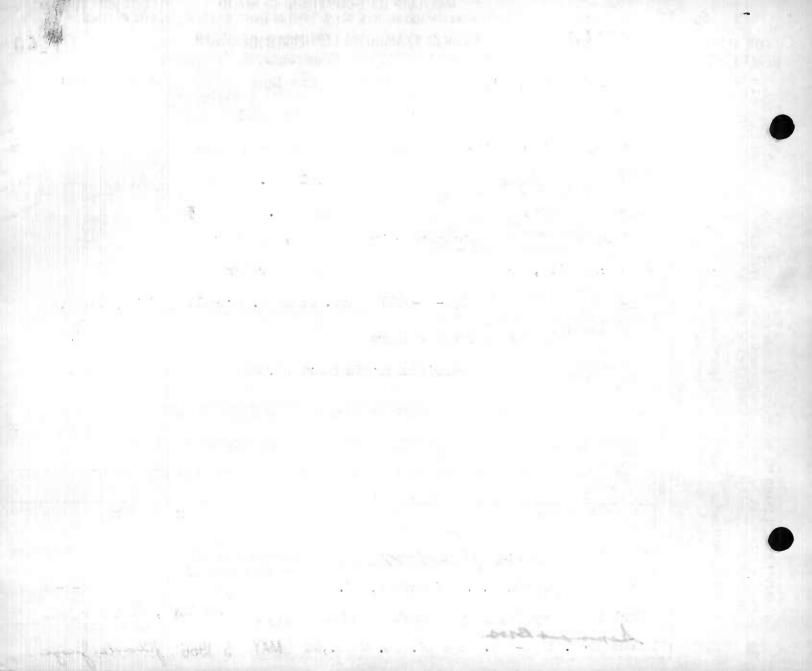
MAKILAND STATE DEPARTMENT OF HEALTH

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Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 07446 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 07440 FOR STATE HEALTH DERT PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) o. COUNTY a. STATE b. COUNTY 0 PM3. Poge of ofter death. Prince George's MARYLAND Prince George's Maryland delay ond 3 t Deportment b. CITY OR TOWN (If outside carporote limits, write RURAL and give nearest tawn) c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corparate limits, write RURAL and give nearest town) Clinton DOA Oxon Hill e. IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS hours NO F Give Poges Southern Maryland Medical Center 4321 Payne Drive 3. NAME OF 4. DATE Year within 72 DECEASED Russell DEATH (Type or print) James IF UNDER 1 YEAR IF UNDER 24 HRS. S. SEX 6. COLOR OR RACE 8. DATE OF BIRTH AGE (In years 7. MARRIED NEVER MARRIED a t birthdoy) Manths Days Hours ∞i WIDOWED DIVORCED 24 hours White 26 Sept. 1911 Male event n tem and 10o. USUAL OCCUPATION (Give kind af wark done during most of working life, even if retired) 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT Thompson Dairy COUNTRY? West, Virginia in ony d "pending" in pencil in Chief Medical Exominer's poges 14 MOTHER'S MAIDEN NAME 13. FATHER'S NAME James Russell , Sr Betsy Venters pup 1S. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 INFORMANT be executed permit. (Yes, no, or unknown) (If yes give wor or dotes of service) or removal. 236-09-0717 Mrs. Donna A. Russell Wife Same as no 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).)
PART I. DEATH WAS CAUSED BY: INTERVAL BETWEEN ONSET AND DEATH Heart failure IMMEDIATE CAUSE (a) _ s o burial-tro crematian, This certificate should e, writing the word forworded to the Ch DUF TO Canditians, if any, which gove Arteriosclerotic heart disease unknown rise to immediate couse (o), DUE TO stoting the underlying cause buriol, o 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) CERTIFICATION NO please execute the certificate, agent, prior to 2Do. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.) PRIMARY Or CONTRIBUTING TAL EXAMINER: CAUSE OF DEATH MEDICAL 2De. PLACE OF INJURY (Home, form, (City or town) (State) 20c. TIME OF INJURY Month, Dov. Year 2Dd. INJURY OCCURRED (County) foctory, street, office bldg., etc.) Nat While may be retained for your FUNERAL DIRECTOR: Poge ot work ot work designoted 21. I certify that I taak charge of the remains described above, held an Autopsy Inspection 3 Inquiry 5c and in my apinian death resulted fram: the funerol director. Natural causes X Suicide Undetermined manner Accident Hamicide CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE TO DEPUTY 5 may be 170 FUNERAL Heolth or i DEPUTY MEDICAL EXAMINER **EXAMINER'S** John Kehoe, M.D. Riverdale, Md. Address (Street, city, town, or county) NAME (Type) 5-3-66 23a. BURIAL, CREMATION 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (Stote) Sunset Memorial Cemetery | 250. RR D BY REGISTRAR Beckley , West Virginia BYOYAL (Specify) May 6th 1966 24. FUNERAL DIRECTOR 25b REGISTRAR'S SIGNATURE VR A15ME (5) Simmons Bros. 1661- Gd. Hope Rd. SE. Wash., DC MAY 6M 1/66

MARYLAND STATE DEPARTMENT OF HEALTH



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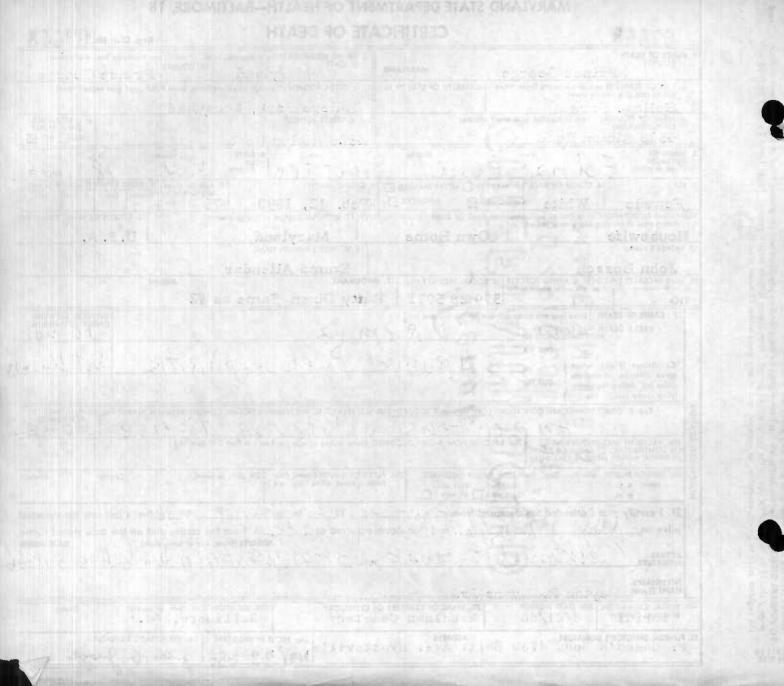
MAKILANU STATE DEPARTMENT OF MEALTH

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JUN 3 1966 Party of

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1. MARYLAND CERTIFICATE OF DEATH funeral and 2 death after death. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. CDUNTY by the Pages 1 a b. COUNTY Prince George's Marvland Prince George MARYI AND b. CITY DR TDWN (if outside corporate limits. c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b write RURAL and give nearest town) hours hours Cheverly 2 days = Lanham d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) filled d. STREET ADDRESS e. IS RESIDENCE DN A FARM? 24 within Prince George's General Hospital 3215 Johnson Court ND law requires that the death certificate be executed within letely pou. First DATE Middle Last 4. Month Day Year DECEASED DF Car (Type or print) Baby Girl DEATH Sellers 1966 May 6. CDLOR OR RACE 7. MARRIED NEVER MARRIED 5. SEX 8. DATE OF BIRTH N AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS. Se last birthday) Months Days Hours Female Negro WIDOWED F DIVORCED [4/30/66 10a. USUAL DCCUPATION (Cive kind of work done | 10b. KIND DF BUSINESS DR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired) INDUSTRY Then plea removal, an none Prince George's, Maryland USA 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Unknown Carolyn Rudine Sellers 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16. SDCIAL SECURITY ND. Address (Yes, no, or unkown) (If yes give war or dates of service) the atte Mother above 18. CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ial-transif ONSET AND DEATH PART I. DEATH WAS CAUSED BY: O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that till Page 4 may be retained by the hospital or attending physician. been signed by the burial-tran or to burial, cre IMMEDIATE CAUSE (a) DUE TO Cenditions, If any, which (b) gave rise to immediate DUE TO cause (a), stating the underlying cause last. as CERTIFICATION PART II. DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES P ND 2Da. ACCIDENT WAS UNDERLYING ☐ DR CONTRIBUTINC ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part 11 of Item 18.) Po 2Dc. TIME DF INJURY Month, Day, Year 20d. INJURY DCCURRED 20e, PLACE DF INJURY (Home, farm, I 2Df. (Clty or town) (County) (State) factory, street, office bldg., etc.) After Hour a.m. While Not While p.m. at work at work the S FUNERAL DIRECTOR: A director, page 3 should should be filed with the 21. I certify that (I) (this hospital) attended the deceased from 196 and that death occurred at 12:30, from the causes and on the date stated above. saw the deceased alive on 22a. SIGNATURE 22b. DATE SIGNED ATTENDING STAFF PHYS. 5/2/66 M.D. PHYS. DIRECTOR 22c PHYSICIAN'S 22d. ADDRESS director, p NAME (Type) Henry A. Wise, Jr. 149 9th St., Bowie, Md. BURIAL, CREMATION, 1 23b. NAME OF CEMETERY OR CREMATORY 23d. LDCATIDN (City, town or county) DATE THEREOF (State) REMDYAL (Specify) 10 Prince George's Gen. Hospital Maryland Cremation Cheverly FRAL DIRECTOR ADDRESS REC'D BY RECISTRAR 25b. RECISTRAR'S SIGNATURE VR AL5 (4) Administr tor, Cheverly. Md. 20M 1/65

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MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 07450 07446 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DEPT. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) 2, and 3 ta PM3. Page. a. COUNTY o STATE b. COUNTY
Prince Gorge af Prince George after death. MARYLAND b. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest town) c. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest town) CLENGTH OF STAY IN 16 Cheverly

d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) DOA Mt. Rainier d STREET ADDRESS e. IS RESIDENCE ON A FARM? Item 18. Give Pages 1, Office along with farm haurs Prince George General Hospital 3313 Chillum Rd. YES 🗍 NO T certificate shauld be executed within 24 hours after death. 3. NAME OF 4. DATE Day Year within 72 DECEASED (Type or print) OF DEATH Shea 19 66 Louis Frank IF UNDER 24 HRS. DATE OF BIRTH 9. AGE (In years 5 SEX 6. COLOR OR RACE NEVER MARRIED 🔀 7. MARRIED last birthday) Months Days Hours DIVORCED 30 Mar., 1896 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT duRectifed maint. Man U.S. Government COUNTRY? A. Mo. pencil in I ward "pending" in pencil in the Chief Medical Examiner's 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Unknown Unknown pup 15. WAS DECEASED EVER IN ILS. ARMED FORCES? 17. INFORMANT 8 Duvall St. 16. SOCIAL SECURITY NO. (Yes, no, or unknown) (If yes give war ar dates of service) remayal, Raymond Huigh 578 20 0643 Yes Suitland, Md 1B. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) INTERVAL BETWEEN PART I. DEATH WAS CAUSED BY ONSET AND DEATH s a burial-transit cremation, ar r Heart, failure IMMEDIATE CAUSE (a) writing the ward DUE TO Canditians, if any, which gave Arteriosclerotic heart disease linknown rise to immediate cause (a). be farwarded ta DUE TO stating the underlying cause SD burial, 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) NO its designated agent, prior ta 20g. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Part II of item 18.) 3 should PRIMARY I or CONTRIBUTING I CAUSE OF DEATH 20e PLACE OF INJURY (Home, form, 20c. TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED 20f. (City or town) (County) (State) Not While factory, street, office bldg., etc.) 5 may be retained far yaur TO FUNERAL DIRECTOR: Page Health or its designated age at work please execute 21. I certify that I taak charge of the remains described obave, held an Autopsy Inspection 3 Inquiry ond in my opinion Natural Causes death resulted fram: Undetermined monner the funeral director. Accident Suicide Homicide CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE DEPUTY MEDICAL EXAMINER **EXAMINER'S** John Kehoe, M.D., Riverdale 5-31-66 NAME (Type) Address (Street, city, tawn, ar county)

23c. NAME OF CEMETERY OR CREMATORY

Arlington National

VR A15ME (5) 6M-1/66

23a. BURIAL, CREMATION

24. FUNERAL DIRECTOR

Burial

REMOVAL (Specify)

DATE THEREOF

Francis Gasch's Sons Hyattsville, Md.

6/3/66

250 REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE ocharles 1966

(State)

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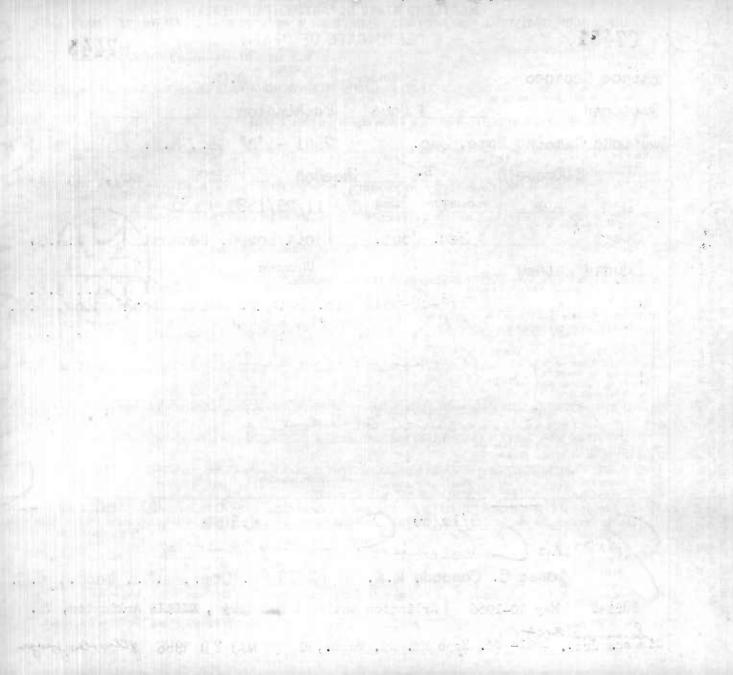
23d. LOCATION (City or Town)

Arlington,

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral hours after death. and deal PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) a. COUNTY a. STATE b. COUNTY after rince jeorges MARYLAND by the Pages b. CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town) ve carbon papers. Pag event, within 72 hours = Dans Washington d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET AODRESS e. IS RESIDENCE filled ON A FARM? NO Y YES Home. within etely completely ve carbon NAME OF DATE Month Year Middle Last Day DECEASED OF B. (Type or print) 19 606 executed 6. COLOR OR RACE | 7. MARRIED AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. last birthday) Months | Oays | Hours | Min. 5. SEX DATE OF BIRTH NEVER MARRIED WIDOWED **OIVORCED** 10a. USUAL OCCUPATION (Give kind of work done 12. CITIZEN OF WHAT 10b. KIND OF BUSINESS OR (County & State, or foreign country) be during most of working life, even if retired) INDUSTRY COUNTRY? rera death certificate Cout Haven Germont 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME remova attending permit. Then Edward, Pelkey

15. WAS DECEASED EVER IN U.S. ARMED FORCES? Unknown the au. 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no, or unkown) | (If wes give war or dates of service) burial-transit perm burial, cremation, 6 18. CAUSE OF DEATH [Enter only one cause per line for (a), requires that the been signed by the the burial-transit ONSET AND DEATH PART I. DEATH WAS CAUSED BY: attending physician. IMMEDIATE CAUSE (a) DUE TO Cenditions, If any, which gave rise to immediate has been e as the l DUE TO cause (a), stating the underlying cause last. CERTIFICATION WAS AUTOPSY PART II. OTHER SIGNIFICANT CONDITIONS CONTRIDUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) Health 1 DIRECTOR: After this certificate age 3 should be detached for use led with the State Dept. of Health PERFORMED? NO E YES NG PHYSICIAN: by the hospital 20a. ACCIDENT WAS UNDERLYING DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury in Part I or Part II of Item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 120e, PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) factory, street, office bldg., etc.) Hour a.m. While Not While ATTENDING at work p.m. at work 21. I certify that (I) (this hospital) attended the deceased from 1948. that (I) (we) last and that death occurred at : 50M from the causes and on the date stated above. saw the deceased alive on 669 22a, SIGNATURE 22b. DATE SIGNED filed ATTENDING TO page MED. M.D. PHYS. DIRECTOR director, page should be fill HOSPITAL PHYSICIAN'S 22d. ADDRESS Cawoodm NAME OF CEMETERY OR CREMATORY LOCATION (City, town or county) 23a. BURIAL, CREMATION. 23b. DATE THEREOF REMOYAL (Specify) Arlington National Cemetery XXXXXX Arlington, Va. 20-1966 25a. REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE ADDRESS FUNERAL DIRECTOR DATE MA VR A15 (4) 1661- Gd. Hope Rd. SE. Wash. DC 20M 1/65



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH and 2 death. 24 hours after death. PLACE OF OEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. COUNTY b. COUNTY by the furnishment by the furnis Prince Georges
b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) MARYLAND Maryland Prince Georges
c. CITY OR TOWN (If outside corporate limits, write RURAL and give hearest town) C. LENCTH OF STAY IN 1b etely filled in by the bon papers. Page within 72 hours a Riverdale Hyattsville d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? Memorial Hospital 3804 Powhatan YES NOTES within completely ve carbon event, with NAME DE DATE Middle Last OECEASED OF DEATH Sr (Type or print) William Raymond Sisson 1966 Mav executed e remove 6. COLOR OR RACE | 7. MARRIED | NEVER MARRIED 5. SEX 8. OATE OF BIRTH ACE (In years IF UNOER 1 YEAR IF UNOER 24 HRS. last birthday) Months Days Hours Min. Months | Days Caucasian WIDOWEO | OIVORCEO 1-25-1903 Male 63 yrs. attending physician a ermit. Then please re on, or removal, and in 10a. USUAL OCCUPATION (Cive kind of work done | 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT COUNTRY? 11. BIRTHPLACE (County & State, or foreign country) during most of working life, even if retired) INDUSTRY Cab driver - ret. Washington. U.S.A death certificate 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME James E. Sisson
15. WAS DECEASED EYER IN U.S. ARMED FORCES? Mary Ellen Shoemaker 16. SOCIAL SECURITY NO. 17. INFORMANT certificate has been signed by the atten hed for use as the burial-transit permit. t. of Health prior to burial, cremation, or i (Yes, no, or unkown) | (If yes give war or dates of service) live M Sisson Wife same 18. CAUSE OF OEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND OEATH PART I. DEATH WAS CAUSED BY: CONGESTIV **OR ATTENDING PHYSICIAN:** The law requires that the law retained by the hospital or attending physician. MONTEX IMMEDIATE CAUSE (a) DUE TO GEN. ARTERIOSCLERISIS VNKNOWN Conditions, If any, which gave rise to Immediate DUE TO cause (a), stating the underlying cause last. (c) CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION CIVEN IN PART 1(a) WAS AUTOPSY PERFORMEO? MELLITUS NO L 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) detached for te Dept. of I FUNERAL DIRECTOR: After this irector, page 3 should be detach tould be filed with the State Depi CAL 20c. TIME OF INJURY Month, Oav. Year 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, (State) 20f. (City or town) (County) factory, street, office bldg., etc.) Hour a.m. MEOI Not While at work 1965 to 21. I certify that (I) (this hospital) attended the deceased from 19 66. that (I) (we) last and that death occurred at 45/5 AM, from the causes and on the date stated above. saw the deceased alive on. 22a. SICNATURE 22b. OATE SICNED ATTENDING PHYS. DIRECTOR Page 4 may b PHYSICIAN'S 22d. AOORESS TO FUNERAL director, p should be 1 NAME (Type) RIVERDALE 23d. LOCATION (City, town or county) Colmar Manor, Md. BURIAL, CREMATION, REMOVAL (Specify) 23b. OATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY (State) Ft Lincoln Cemetery May 9, 1966 Burial ADDRESS REC'D BY REGISTRAR FUNERAL DIRECTOR 25b. REGISTRAR'S SIGNATURE Hvattsville, Md. Sons Gasch's 1966 VR A15 (4)

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any dellary, 2, and PM3.		Cheverly DOA d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress)	Upper Marlboro	e. IS RESIDENCE ON A FARM?
Pages 1, 2, and 3: with farm PM3. Pages 5 State Department 72 haurs after deat	79	Prince George General Hospital	Box 4253 St. Luke Church Rd.	YES NO 3
o the		3. NAME OF First Middle DECEASED (Type or print) Glenda Denise	Lost 4. DATE Month OF Smith DEATH 5	Doy Year
		S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED DIVORCED DIVORCED	8. DATE OF BIRTH 3 16 1966 9. AGE (In yeors IF UNDER Months Months If under	R I YEAR IF UNDER 24 HRS. Days Hours Min.
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be executed within "pencil in pencil inter Medical Examing ansit permit. File pagar remayal, and in a		(Yes no, or unknown) (If yes give wor or dotes of service) 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).)	oan Smith Same as 2 d.	INTERVAL BETWEEN
shauld be executed as word "pending" in the Chief Medical burial-transit permit.		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Bilateral pneumo	onitis	ONSET AND DEATH
ate shauld g the ward ed ta the Ch a burial-tro		Conditions, if ony, which gove (b)		
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S = S		20c. TIME OF INJURY Month, Doy, Yeor 20d. INJURY OCCURRED 20e. PLAI Hour o.m. While Not While for	CE OF INJURY (Home, form, ory, street, office bldg., etc.) 20f. (City or town) (Co	ounty) (Stote)
				ond in my opinion
please execution of the property of the please execution of the please execution of the please of th		death resulted from: Natural courses 🔀 , Accident 🗍 , Suici	ide, Hamicide, Undetermined manner CHIEF MEDICAL EXAMINER	J CO DATE CICHED
UTY Note of the plant of the pl	2	SIGNATURE EXAMINER'S NAME (Type) John Kehoe, M.D., Riverdal	M.D. ASSISTANT MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER	22. DATE SIGNED 5-7-66
necessary, processary, process	X	230 BURIAL CREMATION 1 23b DATE THEREOF 1 23c NAME OF CEMETERY OR O	Address (Street, city, town, or county)	(County) (Stote)
10 5 He		Burial 5-9-66 St. Luke Me	th. Church Meadows	Md.
VR A15ME (5)		24 ROTTINS 4339 Hunt Pl., N.E Wash.,	D.C 250. RMANY REFISHAR 19565b. REPOTORS	wer Judge

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1 1 (NA)	MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND				
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after / the f ges 1 after	Prince George MARYLAND Maryland Prince George				
by t Page Irs al	b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town)				
hours hours Trs. Pa	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS 7238 Landover Pd 6. IS RESIDENCE				
filled aper n 724	ON A FARM?				
- 0 - / 7	3. NAME OF FIRST Middle Last 14. DATE Month Day Year				
ed within ompletely e carbon l	OECEASED (Type or print) Mary Evelyn Smith DEATH 5 1966				
com com eve	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years IFUNDER 1 YEAR IFUNDER 24 HRS				
n and cor remove in any eve	Temale WIDOWED DIVORCED ST. ST. yrs.				
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ite l	Registered nurse Hospitals THAerick, Maryland United States				
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ndin Trem	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address				
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the rit pe	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]				
an. 1 by rans crem	PART I. DEATH WAS CAUSED BY: A cute Coronary thrombosis + corgestive failure UNSET AND DEATH				
tha ysici gne ial-t ial,	4201 DUE TO 1				
rires s phy s phr si bur bur	Conditions, if any, which gave rise to immediate (b) Arterio sclerotic Heart disease).				
required bee	cause (a), stating the DUE TO				
N: The law requires that ital or attending physician tiffcate has been signed for use as the burial-traf Health prior to burial, cre					
or a or a cate r use ealth	Gangrene of Lt. to Corneral' Zed arterio Allerosio PERFORMED?				
NG PHYSICIAN: The by the hospital or a trer this certificate be detached for use state Dept. of Health	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) PERFORMED? YES NO 20a. ACCIDENT WAS UNDERLYING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury In Part 1 or Part 11 of Item 18.)				
PHYSICIAN the hospit this certi detached f					
PHYSICIAN the hospit r this certi detached te Dept. of	20c. TIME OF INJURY Month, Day, Year Hour a.m. p.m. 19 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) at work at work				
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OR ATTENDI y be retained OIRECTOR: A age 3 should lied with the S	21. I certify that (I) (this hospital) attended the deceased from				
ATT ret.	22a. SIGNATURE 22b. DATE SIGNED				
y be OIRE	M.D. ATTENDING MED. STAFF DIRECTOR PHYS.				
RAL RAL be f	22c. PHYSICIAN'S NAME (Type) 20UHEIR SHAMA M.D. 22d. ADDRESS Phince George's General Hospital				
O HOSPITAL Page 4 may D FUNERAL director, pag	23a. BURLAL CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State)				
TO HOSPITAL OR PAGE 4 may be TO FUNERAL OIRE director, page 3 should be filed by	23a. RURIAL CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) Johns Hopkins School of Medicine, Dept. of Anatom				
	24. FUNERAL DIRECTOR ADDRESS 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE				
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Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

MEDICAL EXAMINER'S CERTIFICATE OF DEATH 07456 FOR STATE HEALTH DEPT PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) o. COUNTY a. STATE b. COUNTY Page 0 Prince George MARYLAND Benna b. CITY DR TDWN (If autside carparate limits, write RURAL and give nearest tawn) c. LENGTH DE STAY IN 1h c. CITY OR TDWN (If autside corparate limits, write RURAL and give nearest tawn) puo ofter Cheverly DOA Gibsonia d. NAME OF HOSPITAL DR INSTITUTION (If not in haspital, give street address) e. IS RESIDENCE ON A FARM? A STREET ADDRESS form hours Prince George General Hospital YES NO 1 Give Poges 4007 Watters Lane after death. 3. NAME OF Middle 4. DATE Year within 72 DECEASED (Type or print) DEATH Jane Spencer with S SEX 9. AGE (In years DATE OF BIRTH 6. COLDR OR RACE 7. MARRIED NEVER MARRIED irthday) Months Days 18 Feb., 1892 WIDOWED DIVORCED event 11. BIRTHPLACE (State or foreign country) 10a. USUAL OCCUPATION (Give kind of work dane 10b. KIND OF BUSINESS OR 12. CITIZEN DF WHAT during mast af warking life, even if retired) INDUSTRY CDUNTRY? in any Housewife Own Home Pennsylvania

14. MDTHER'S MAIDEN NAME poges II S 13. FATHER'S NAME This certificate should be executed within pencil, Hawks File pup Margaret Burley IS. WAS DECEASED EVER IN U.S. ARMED FDRCES?
(Yes, no, or unknown) (If yes give war ar dates af service) 17. INFORMANT 16. SOCIAL SECURITY ND. 5319 Cheaspeake Rd. rd "pending" in Chief Medical E permit. removal. Edward C. Burke Sr. Hyattsville, Md. no 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c), burial-tronsit PART I. DEATH WAS CAUSED BY Heart failure Б IMMEDIATE CAUSE (a) writing the ward crematian, DUE TO Hypertensive arteriosclerotic cardiovascular disease Canditians, if any, which gave rise ta immediate cause (a). DUE TO stating the underlying cause 0 over 3 yrs used os buriol, c PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? NO X prior to 20g. EXTERNAL CAUSE WAS 20b. DESCRIBE HDW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 3 should PRIMARY ar CONTRIBUTING **EXAMINER:** CAUSE OF DEATH. 20d INJURY OCCURRED 20e, PLACE DF INJURY (Hame, farm, 20c. TIME OF INJURY Manth, Day, Year (City ar tawn) (County) (State) Hour o.m. factory, street, affice bldg., etc.) moy be retained for your FUNERAL DIRECTOR: Page please execute 21. I certify that I taak charge of the remains described above, held an Autapsy Inquiry X Inspection X and in my apinian Notatal causes X death resulted from: Accordent Suicide Undetermined monner Homicide CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE TO DEPUTY pe Heofth or i 5-25-66 DEPUTY MEDICAL EXAMINER necessory, **EXAMINER'S** John Kehoe, M.D., Riverdale, Md Address (Street, city, town, or county) NAME (Type) 23b DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23a. BURIAL, CREMATION. (State) 0 REMOVAL (Specify) 5/28/66 Burial Greenwood 2Sg. REC'D BY REGISTRAR 24. FUNERAL DIRECTOR VR A15ME (5) 1966 6M 1/66 Francis Gasch's Sons Hyattsville, Md

MARYLAND STATE DEPARTMENT OF HEALTH

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W, PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH after death. 1. PLACE OF DEATH
a. COUNTY 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. STATE b. COUNTY Prince George's Prince George's Markland MARYLAND by the Pages b. CITY OR TOWN (if outside corporate limits. c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) papers. Page phin 72 hours write RURAL and give nearest town) hours 16-Cheverly 2 hrs Hvattsville d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) e. IS RESIDENCE d. STREET ADDRESS ON A FARM? 24 event, within NO S Prince George's General Hospital YES 4836 69th Place within completely ve carbon p NAME OF Middle Last 4. DATE Month Day Year **OECEASEO** (Type or print) Michael DEATH Spinge 1966 May executed emove any eve 5. SEX 6. COLOR OR RACE 8. DATE OF BIRTH AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS. 7. MARRIED NEVER MARRIED last birthday) Months Days Hours and White Nov. 25. 1914 WIOOWED [Male OIVORCED [51 physician a n please re val, and in 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. KIND OF BUSINESS OR INOUSTRY 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT pe COUNTRY? Sears . Roebuck & Co TV Technician U.S Italy certificate 13. FATHER'S NAME MOTHER'S MAIDEN NAME attending phermit. Then removal Angelio Spinoe Marie Sapia 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16. SOCIAL SECURITY NO. Address permit. 5 (Yes, no, or unkown) (If yes give war or dates of service) death cramation, 233-07-4192 Wife Pearl Spinoe same as the 18. CAUSE OF OEATH [Enter only one cause per line for, (a), (b), and (c).] INTERVAL BETWEEN requires that the ONSET AND DEATH -transi þ PART I. DEATH WAS CAUSED BY: attending physician. been signed the burial-tran or to burial, cra IMMEDIATE CAUSE (a 20 DUE TO Cenditions, If any, which gave rise to immediate as the l DUE TO cause (a), stating the underlying cause last. (c) CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY use Health PERFORMED? certificate 0 YES DX NO T 5 this cerum detached fo PHYSICIAN: 20a. ACCIDENT WAS UNDERLYING 20b. OESCRIBE HOW INJURY OCCURRED, (Enter nature of Injury in Part I or Part II of Item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) the 20d. INJURY OCCURRED 120e, PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) 20c. TIME OF INJURY Month, Day, Year factory, street, office bldg., etc.) be de State I Hour a.m. While Not While After ATTENDING p.m. 19 at work at work retained 3 should with the P 1966. that (I) (we) last 21. I certify that (I) (this hospital) attended the deceased from 19/2 DIRECTOR: and that death occurred at8:10 M. from the causes and on the date stated above. saw the deceased alive on DATE SIGNED 22a. SIGNATURE 22b. MEDam OR filed ATTENDING PHYS. STAFF **OIRECTOR** PHYS Daj TO HOSPITAL FUNERAL PHYSICIAN'S 22d. ADDRESS director, p 22c. NAME (Type) Angus McLaurin, M.D. 3415 Hamilton St. Hyattsville, Md. BURIAL, CREMATION, 23b. OATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) REMOVAL (Specify) 9 5/5/66 Ft. Lincoln Burial Colmar Manor REGISTRAR'S SIGNATUR 24. FUNERAL DIRECTOR 25b. **AODRESS** 25a. ·REC'D BY REGISTRAR VR A15 (4) Francis Gasch's Sons Hyattsville, Md 20M 1/65

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH after death at at PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) a. COUNTY a. STATE b. COUNTY D.C. PRINCE GEORGE'S MARYLAND CiTY OR TDWN (if outside corporate limits, write RURAL and give nearest town) c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b hours bon papers. Pa within 72 hours WASHINGTON ANDREWS AIR FORCE BASE 26 MIN = d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE filled ON A FARM? US AIR FORCE HOSPITAL 166 MISS AVE S.E. APT 4 YES NO X letely completely ove carbon NAME OF First Last DATE Month Day Year Middle 4. g physician and complexed physician please remove carbo DECEASED STEARNS PHILIP MAY 30 66 (Type or print) DEATH 19 9. AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS. 5. SEX 6. COLOR OR RACE 8. DATE OF BIRTH 7. MARRIEO NEVER MARRIED X last birthday) Months I Days Min. 26 Hours 30 MAY 66 MALE CAU WIDOWED DIVORCED [Yrs. 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 12. CITIZEN OF WHAT COUNTRY? 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) INOUSTRY pe PRINCE GEORGE'S. MD NONE NONE U.S certificate removal, 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME attending ph RAY PHILIP STEARNS DEBRA TROP 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT Address 16. SOCIAL SECURITY NO. ed by the attenctransit permit. death (Yes, no, or unkown) (If yes give war or dates of service) NONE FATHER SAME AS NO 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH by PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) ANOXIA signed burial-t burial, DUE TO Conditions, If any, which AMNIONITIS. PREMATURITY peen gave rise to immediate the r DUE TO cause (a), stating the underlying cause last. PREMATURE RUPTURED MEMBRANE has as PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY for use Health certificate the for use of Health PERFORMEO? ICATI NO T 20a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) PHYSICIAN: MEDICAL 20c, TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) factory, street, office bldg., etc.) Hour a.m. Not While at work After at work p.m. 19 p 30 MAY . 1966 . to_ 30 MAY . 19.66 that (1) 0000 last 21. I certify that (I) (t) (t) X X X X X Attended the deceased from_ DIRECTOR: Age 3 should lied with the 19 66, and that death occurred at 020 M, from the causes and on the date stated above. 30 MAY saw the deceased alive on..... 22b. DATE SIGNED 22a. SIGNATURE STAFF PHYS. page ATTENDING 30 MAY 1966 DIRECTOR M.D. PHYS. may PHYSIOIAN'S TO FUNERAL 22c. 22d. ADDRESS director, p NAME (Type) MARLOW, CAPT, USAF, MC USAF HOSPITAL. ANDREWS AFB. MD. (State) CEMETERY, OR CREMATORY 23d. LOCATION (City, town or county) BURIAL, CREMATION, 23b. DATE THEREOF REMOVAL (Specify) Washington, D.C. ADDRESS 25b. REGISTRAR'S SIGNATURE REC'D BY REGISTRAR | FUNERAL DIRECTOR 1966 VR A15 (4) 20M 1/65

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MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH 07453 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) PLACE OF DEATH a. COUNTY o. STATE b. COUNTY Prince Georges MARYLAND c. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest town) b. CITY OR TOWN (If autside corparate limits, c. LENGTH OF STAY IN 1b write RURAL and give nearest tawn) Glenn Dale (rural) 11 days Washington d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) e. IS RESIDENCE ON A FARM? d. STREET ADDRESS 1702 Gales St., N.E.Apt.#4 Glenn Dale Hospital YES NO X 3. NAME OF Middle 4. DATE Year DECEASED Addie 17. 1966 Stewart B. May (Type or print) DEATH IF UNDER 1 YEAR IF UNDER 24 HRS. S SEX 6. COLOR OR RACE B. DATE OF BIRTH AGE (In years 7. MARRIED NEVER MARRIED last pirthday) Manths Hours July 27, 1885 Female Negro WIDOWED K DIVORCED 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired) INDUSTRY King George, Va. 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME Sarah ?? Collin Clatterbuck 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, na, or unknown) (If yes give war ar dates af service) Sarah Budd same as patient None 18. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).) INTERVAL BETWEEN ONSET AND DEATH WEEKS PART I. DEATH WAS CAUSED BY: Bronchopneumonia IMMEDIATE CAUSE (o) DUE TO Conditions, if any, which gave rise to immediate cause (a), DUE TO Pulmonary tuberculosis 1 mo. stating the underlying cause PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE, CONDITION GIVEN IN PART 1(a) Generalized arterioscierosis with arterioscierotic neart disease; 19. WAS AUTOPSY PERFORMED? chronic pyelonephritis YES X NO 20o. ACCIDENT WAS UNDERLYING 205. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part I ar Part II af item 1B.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, (City or tawn) (County) (Stote) Haur a.m. foctory, street, office bldg., etc.) While Nat While at work at wark 5/6/ 1966 to 5/17/ 1966 that 10 (we) last 21. I certify that (4) (this haspital) attended the deceased fram___ 5/17/ 19 66, and that death accurred at 10:10M AM causes and an the date stated above. saw the deceased alive an_ 22b. DATE SIGNED 22a. SIGNATURE MED. DIRECTOR 5/17/66 M.D. PHYS. 22d. ADDRESS Glenn Dale Hospital 22c. PHYSICIAN'S NAME (Type) Moe Weiss, M.D. Glenn Dale, Maryland 23d. LOCATION (City or Town) 23c. NAME OF CEMETERY OR CREMATORY 230. BURIAL CREMATION. 23b. DATE THEREOF (County) (Stote) REMOVAL (Specify) Mey, 21, 1966 King Goerge, Co. Virginia. St. Stephen Baptist Church

VR A15 (4) 20 M 1/66

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TO FUNERAL DIRECTOR: After this certificate has been director, page 3 should be detached far use as the

director, page 3 should be detache should be filed with the State Dept.

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH PLACE DF DEATH 2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) a. COUNTY b. COUNTY PRINCE GEORGE'S VIRGINIA MARYLAND CITY DR TDWN (if outside corporate limits, write RURAL and give nearest town) c. LENGTH DF STAY IN 1b c. CITY DR TOWN (If outside corporate limits, write RURAL and give nearest town) FALLS CHURCH ANDREWS AIR FORCE 3 DAYS d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET AOORESS e. IS RESIDENCE ON A FARM? within 72 3713 WOODLAND AIR FORCE HOSPITAL CIRCLE YES NO X within NAME DE First Middle Last DATE Month Day Year DECFASED event. (Type or print) DAVID R. DEATH STINSON MAY 1956 5. SEX 6. COLOR OR RACE 7. MARRIED AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS. 8. OATE OF BIRTH NEVER MARRIED [last birthday) Months | Oays any apde MALE WIDOWED OIVORCEO [Ξ 10a. USUAL OCCUPATION (Give kind of work done | 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN DF WHAT 10b. KIND OF BUSINESS DR physiclan during most of working life, even if retired) INDUSTRY USAF CDUNTRY? USA 13. FATHER'S NAME MOTHER'S MAIOEN NAME remova attending parmit. Then 15. WAS OECEASED EVER IN U.S. ARMED FDRCES? 16. SDCIAL SECURITY ND. | 17. INFORMANT Address transit permit. (If yes give war or dates of service) Mrs David Stinson Same INTERVAL BETWEEN 18. CAUSE OF OEATH [Enter only one cause per line for (a), (b), and (c).] ONSET AND DEATH PART I. DEATH WAS CAUSED BY: CARDIAC ARREST IMMEDIATE CAUSE (a). signed burial-t burial, OUE TO ACUTE MYOCARDIAL INFARCTION DAY Conditions, If any, which gave rise to immediate **OUE TD** cause (a), stating the CHRONIC BRAIN SYNDROME WITH COMA DAY underlying cause last. (c) CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY for use Health PERFORMED? certificate NO X YES 20a. ACCIDENT WAS UNDERLYING OESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part I or Part II of Item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL (County) (State) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e, PLACE DF INJURY (Home, farm, 20f. (City or town) factory, street, officebldg., etc.) Hour a.m. After Id be d While Not While at work p.m. at work 21. I certify that OX (this hospital) attended the deceased from 25 MAY , 156 , to 28 MAY , 1966, that (1) (we) last DIRECTOR: / age 3 should illed with the 19. 66, and that death occurred at 30.5M, from the causes and on the date stated above. saw the deceased alive on 22b. DATE SIGNED 22a. SIGNATURE ATTENDING PHYS. 28 MAY DIRECTOR M.O. HOSPITAL TO FUNERAL USAF 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) WALTUCH. KAPT .MC USAF 23a. BURIAL CREMATION.I 23b. DATE THEREOF NAME OF CEMETERY OR CREMATORY LOCATION (City, town or county) (State) 23c. REMOVAL (Specify) 2-66 REC'O BY REGISTRAK 24. FUNERAL DIRECTOR ADDRESS 25b. REGISTRAR'S 25a. VR A15 (4) 20M 1/65

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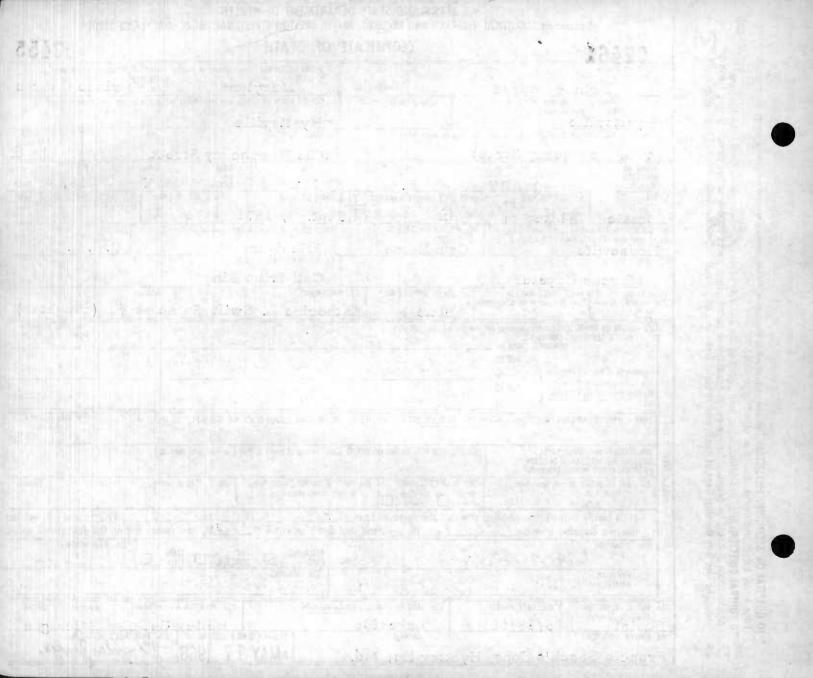
BYI (M)		PARTMENT OF HEALTH 11 W. PRESTON STREET, BALTIMORE, MARYLAND 21201			
FOR STATE	07460 TEEM 14 FILM G37P	CERTIFICATE OF DEATH			
HEALTH DEPT.	1. PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admiss	sion)		
2, and 3 ta PM3. Page partment of	o. COUNTY Prince George's MARYLAND	Maryland Prince George's			
elay is d 3 ta . Page nent af death.	b. CITY OR TOWN (If autside corparate limits, write RURAL and give nearest town) C. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If autside carporate limits, write RURAL and give neorest tawn)			
PM3. PM3. partm. partm. after	Cheverly DOA	Seat Pleasant /6=/			
	d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address)	d. STREET ADDRESS e. IS RES	SIDENCE FARM?		
- 20 0 3 79	Prince George General Hospital		NO Ex		
after death. 3. Give Page along with f with the Stat within 72 ho	3. NAME OF First Middle DECEASED	OF	ear		
after d 8. Give alang v with the	(Type or print) Newton Elwood Str	ibling DEATH 5 1 19	66 ER 24 HRS.		
after 8. Giv alang with withi		last birthday) Manths Days Haurs			
	Male White WIDOWED DIVORCED 100. USUAL OCCUPATION (Give kind of work dane 10b. KIND OF BUSINESS OR	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT			
24 hours in Item 1 r's Office	during most of working life even if retired) JUNE 150 INDUSTRY INDUSTRY	VIRGINIA COUNTRY?			
er's any	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME			
within pencil xamine le pagend in a	ROBERT STRIBLING	UXULNOVUM Fannie Thomas Hawes			
d will be Exar	10 MAS DECEASED EVED IN HIS ADMED CODESS	INFORMANT Address - > / -			
xecuted nding" i Medical permit.	(Yes, no, or unknown) (If yes give war ar dates of service) 578 07 7171	ELEN V. STRIBLING SAME AS # 2	-		
This certificate shauld be executed within sicate, writing the ward "pending" in pencil is be farwarded to the Chief Medical Examiner I be used as a burial-transit permit. File paging to burial, crematian, ar remaval, and in an	18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)	INTERVAL BE	ETWEEN		
be "phief	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Heart failure	ONSET, AND minutes	5		
shauld be e ne ward "per a the Chief i burial-transit matian, ar re	4200 DUE TO				
ate shauld g the ward ed ta the Cl a burial-tr crematian,	Conditions, if ony, which gave rise ta immediate cause (a). DUF TO	heart diwease over 1	ll yr		
ficate ing th ded a as a I, cre	stoting the underlying cause (c)				
certificate shauld , writing the ward arwarded ta the Ch used as a burial-tra burial, crematian,	PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AU			
e, w farv farv		PERFOR!	MED?		
NEDICAL EXAMINER: This ease execute the certificate, irectar. Page 4 shauld be farained for yaur files. NIRECTOR: Page 3 shauld be u designated agent, prior ta b	20g. EXTERNAL CAUSE WAS PRIMARY ☐ CONTRIBUTING ☐ CAUSE OF DEATH	(Enter nature of injury in Port I or Part II of item 18.)			
INER: T e certifice shauld b files. 3 shauld int, prior					
3 = S = E	Hour om While - Not While - for	ACE OF INJURY (Hame, farm, 20f. (City or tawn) (Caunty)	(State)		
L EXAM recute the Page 4 for yaur R: Page	p.m. 17 af wark 🗀 af wark				
MEDICAL EXA please execute directar. Page retained for yay DIRECTOR: Pag	21. I certify that I took charge of the remains described above, he		opinion		
ctar ctar ctar ctar ctar ctar ctar ctar	death resulted fram: Natyral couses 🔀 , Accident 🔲 , Suid	cide, Homicide, Undetermined monner CHIEF MEDICAL EXAMINER			
JTY MEDICA iny, please e eral director be retained RAL DIRECTO or its design	ACTUAL COMPANIES OF THE STATE O		E SIGNED		
AAL SAL	SIGNATURE EXAMINER'S	DEPUTY MEDICAL EXAMINER			
O DEPUTY MEDICAL EXAM necessary, please execute the funeral director. Page 4 5 may be retained for yaur O FUNERAL DIRECTOR: Page Health or its designated age	NAME (Type) John Kehoe, M.D. Riverdale, Md.	Address (Street, city, town, ar county) 5-2-66			
O D D The the S m O FU	230. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR		(State)		
	BUNIALLY 5-5-1966 GEDAR HILL	CEMETERY SUITLAND, MARYLAND			
VR A15ME (5)	W.W. Chambers Eo, Riverdal Market	land 250. RECD BY REGISTRAR 256 REGISTRAR'S SIGNATURE	4		
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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 07455 07461 requires that the death certificate be executed within 24 hours after death PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) b. COUNTY Prince George a. COUNTY o. STATE Prince George ompletely filled in by the fur ve corbon papers. Poges 1 event, within 72 hours after Maryland MARYLAND b. CITY OR TOWN (If outside carparate limits, write RURAL and give nearest town) c. CITY OR TOWN (If autside carparote limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b. Hyattsville Hvattsville d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d STREET ADDRESS e. IS RESIDENCE ON A FARM? 2002 Woodberry Street NO S 2002 Woodberry Street YES 3. NAME OF Middle Last 4. DATE Month Day Year DECEASED (Type or print) MAY 16, 19 MARY SWIFT DEATH S. SEX IF UNDER 1 YEAR IF LINDER 24 HRS 6. COLOR OR RACE OATE OF BIRTH AGE (In years 7. MARRIED NEVER MARRIED birthday) Months Days Haurs WIDOWED Tx DIVORCED Sept. 8, 1871 White Female 12. CITIZEN OF WHAT U.S. A. 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stote, or foreign country) ON OF THE during most of working life, even if retired) INDUSTRY Housewife Michigan Own Home 14. MOTHER'S MAIDEN NAME 13 FATHER'S NAME cremotion, or removo Catherine King Marcus Crysler 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16. SOCIAL SECURITY NO. Address (Yes, na, ar unknown) (If yes give war or dates of service) (daughter) Katherine L. Swift Same as #2 none no 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY: ONSET AND, DEATH signed by the burial-tronsit p IMMEDIATE CAUSE (a) DUE TO Canditions, if ony, which gove rise to immediate cause (a), **OUE TO** stoting the underlying cause os the prior to hos been WAS AUTOPSY PERFORMEO? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) be detoched for use State Dept. af Health NO Page 4 may be retained by the hospitol or TO FUNERAL DIRECTOR: After this certificate 20a. ACCIOENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Part II of item 18.) (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm. 20c. TIME OF INJURY Month, Oay, Year (City or town) (County) (Stote) factory, street, affice bldg., etc.) Nat While at wark at wark 21. I certify that (1) (this hospital) attended the deceased from. tel-fleary 19 600 , 19 66, that (I) (we) last director, page 3 should should be filed with the 16, 19 66, and that death occurred at SOAM, from causes and on the date stated above. saw the deceased alive on MAN 22a. SIGNATURE 22h OATE SIGNED M.D. PHYS. **OIRECTOR** PHYS. 22d. ADORESS 22c. PHYSICIAN'S 1300 NAME (Type) 23c. NAME OF CEMETERY OR CREMATORY 23g. BURIAL CREMATION. 23b. OATE THEREOF 23d. LOCATION (City or Town) (Stote) (County) REMOVAL (Specify) 5/18/66 Lakeside ADDRESS Burial Belleville. Michigan 24. FUNERAL DIRECTOR 2Sb. REGISTRAR'S SIGNATURE 2So. REC'D BY REGISTRAR VR A15 (4) Meliarles 20 M 1/66 Francis Gasch's Sons Hyattsville, Md.



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH death. and 1. PLACE OF DEATH
a. COUNTY USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) b. COUNTY Prince Georges Prince Georges MARYLAND Maryland b. CITY OR TOWN (If outside corporate limits. c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b write RURAL and give nearest town) hours hours .⊑ Cheverly 10 days Laurel d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) filled e. IS RESIDENCE and completely filled remove carbon papers d. STREET ADDRESS ON A FARM? Prince Georges General Hospital 509 Gorman Ave. NO YES completely to ve carbon p within 3. NAME OF First Middle DATE Month Year Last Day DECEASED (Type or print) Benjamin Taft DEATH 19 19 66 executed 5. SEX 6. COLOR OR RACE 8. DATE OF BIRTH AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS 7. MARRIED 9. NEVER MARRIED last birthday) | Months | Days Hours Male White WIDOWED April 4. DIVORCED 1877 89 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT The law requires that the death certificate be or attending physician. INDUSTRY COUNTRY? Retired Bldg Contractor Carpentry Jasper. New York 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME remova Merritt Taft Maria Failing transit permit. 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no, or unknwn) (If yes give war or dates of service) 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN been signed by the burial-transit or to burial, crema ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which gave rise to immediate DUE TO has be as th prior t cause (a), stating the underlying cause last. (c) CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED FRMINAL DISEASE CONDITION GIVEN IN PART 1(a) 119. WAS AUTOPSY for use Health this certificate h detached for use e Dept. of Health PERFORMED? NO the hospital 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of Injury in Part I or Part II of Item 18.) MEDICAL TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e, PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) factory, street, office bldg., etc.) 0 Hour a.m. After Id be While Not While be retained by at work at work director, page 3 should be should be filed with the S wery. 21. I certify that (I) (this hospital) attended the deceased from saw the deceased alive on. and that death occurred at 6. O.SM. Mrom the causes and on the date stated above. 22a. SIGNATURE DATE SIGNED ATTENDING PHYS. M.D. DIRECTOR PHYS. Page 4 may PHYSICIAN'S 22c. ADDRESS NAME (Type) CEMETERY OR CREMATORY BURIAL, CREMATION. 23b. 23c. (State 2 FUNERAL DIRECTOR ADDRESS VR A15 (4) 15M 4-64

April 100 Total Charles of the Bulletin of the Charles

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 07463 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 07457 FOR STATE HEALTH DEPT. PLACE OF DEATH USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) o. COUNTY o. STATE Prince George's 2, and 3 ta PM3. Page af €C Prince George's

b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Maryland MARYLAND delay Department c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b Dupont Heights Cheverly DOA
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospitol, give street oddress) DOA d STREET ADDRESS IS RESIDENCE ON A FARM? with farm hours in Item 18. Give Pages 1, YES NO X Prince George General Hospital 4548 Porter Avenue after death. Middle 4. DATE Month Doy Year within 72 DECEASED (Type or print) Bernard Thomas DEATH 10 19 66 IF UNDER 1 YEAR IF UNDER 24 HRS S. SEX 6. COLOR OR RACE 8. DATE OF BIRTH 9. AGE (In years 7. MARRIED NEVER MARRIED lost birthdoy) Months Dovs pages land 2 w in any event v WIDOWED DIVORCED 2-1-1966 24 haurs Male Negro and 12. CITIZEN OF WHAT 10o. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (Stote or foreign country) INDUSTRY COUNTRY? U.S.A. Maryland - () rd "pending" in pencil in Chief Medical Examiner's 13. FATHER'S NAME This certificate shauld be executed within Arletha Thomas Reginald Haves pup 15. WAS DECEASED EVER IN U.S. ARMED FORCES? Address Dupont Hets. 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no, or unknown) (If yes give wor or dotes of service burial, crematian, ar remaval, 4548 Porter Ave. Marv Thomas 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).) INTERVAL BETWEEN PART I. DEATH WAS CAUSED BY: ONSET AND DEATH Lobar pneumonia IMMEDIATE CAUSE (o) _ writing the word DUF TO Conditions, if ony, which gove rise to immediate couse (o), DUE TO stoting the underlying couse 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) YES TO NO please execute the certificate, its designated agent, priar to 20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.) PRIMARY Or CONTRIBUTING CAUSE OF DEATH. 20e. PLACE OF INJURY (Home, form, (Stote) 20d. INJURY OCCURRED (City or town) (County) 20c. TIME OF INJURY Month, Doy, Year foctory, street, office bldg., etc.) 5 may be retained far yaur to FUNERAL DIRECTOR: Page Health ar its designated age ot work at work Inspection oc. 21. I certify that I taok charge of the remains described above, held an Autopsy Inquiry x and in my opinion the funeral directar. death resulted fram: Suicide . Hamicide . Undetermined manner Natura gouses . Accident CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE DEPUTY MEDICAL EXAMINER **EXAMINER'S** Kehoe, M.D. Riverdale, Md. 5-11-66 John Address (Street, city, town, or county) NAME (Type) 23o. BURIAL, CREMATION 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23b. DATE THEREOF (County) (Stote) BUT I SPECITY Harmony Memorial Park Md. Landover, 5-14-66 25b. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR ADDRESS 2Sa. REC'D BY REGISTRAR VR A15ME (5) Rollins 4339 Hunt Pl., N.E., Wash. D. GMAY 6M 1/66

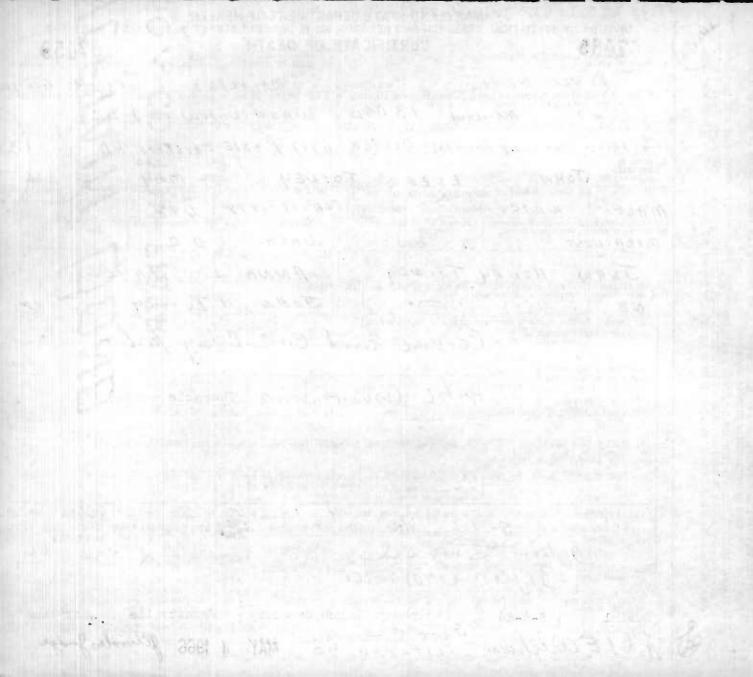
MARYLAND STATE DEPARTMENT OF HEALTH

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral and 2. death. 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If Institution; Residence before admission) a. COUNTY b. COUNTY a. STATE after after Prince George's the Marvland Prince George's MARYLAND by the b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. CITY OR TOWN (If outside corporate limits, write RURAL end give nearest town) c. LENGTH OF STAY IN 1b hours hours Cheverly 7 days .= Upper Marlboro filled d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street eddress) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? within Prince George's General Hospital RFD Box 9069 Rt. YES ND completely f within 3. NAME OF Month Middle Last 4. DATE Day Year DECEASED ve carb John D Thomas May 30 19 66 (Type or print) DEATH executed 5. SEX 6. COLOR OR RACE DATE OF BIRTH AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS. 7. MARRIED KX NEVER MARRIED last birthdey) | Months | Days Hours | any Male 1/20/92 Negro WIDDWED E 10a, USUAL OCCUPATION (Give kind of work done I 10b, KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT G) during most of working life, even if retired) COUNTRY? certificate be FATHER'S NAME MOTHER'S MAIDEN NAME remov attending 15. WAS DECEASED EVER IN U.S. ARMED FORCES? Address 16. SOCIAL SECURITY NO. 17. INFORMAN been signed by the atten the burial-transit permit. It to burial, cremation, or (Yes, no, or unkown) (If yes give war or dates of service) that the death ame 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: PHYSICIAN: The law requires that the hospital or attending physician. IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which gave rise to immediate DUE TO cause (a), stating the o FUNERAL DIRECTOR: After this certificate has be director, page 3 should be detached for use as the should be filed with the State Dept. of Health prior underlying cause last, CERTIFICATION WAS AUTDPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT DELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) YES KX NO 20a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Pert II of Item 18.) MEDICAL 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED | 20e. PLACE DF INJURY (Home, farm, 20f. (City or town) (County) (State) factory, street, office bldg., etc.) Hour a.m. While Not While be retained by at work at work 1966 May 23 May 30 . 1966 that (X (we) last 21. I certify that (IX (this hospital) attended the deceased from May 30 19 66 , and that death occurred a9:15 Me from the causes and on the date stated above. saw the deceased alive on 22b. DATE SIGNED 22a. SIGNATURE ATTENDING X M.D. PHYS. DIRECTOR PHYS. Page 4 may 22d, ADDRESS PHYSICIAN'S NAME (Type) 23a. BURIAL, CREMATION, DATE THEREOF NAME OF CEMETERY OR CREMATOR LOCATION (City, town or county) (State) 23b. 23d. 2 REMOVAL (Specify) 25a. REC'D BY REGISTRAR 24. FUNERAL DIRECTOR ADDRESS 25b. REGISTRAR'S VR A15 (4) 15M 4-64

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	TO THE REAL PROPERTY OF THE PR	DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
-	± 50 €	07465 CERTIFICATE OF DEATH
	hours after death. d in by the funeral rs. Pages 1 and 2. hours after death.	1. PLACE OF DEATH a. COUNTY 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission a COUNTY)
	ter he f ter	PTINCE GEORGE MARYIAND B. STATE D. SOUTH PTIMES GEORGE
	rs after by the Pages 1 urs after	b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b c. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)
	in by the S. Pages 1	CL: N fon 1 MATYLAND 13 DAYS WASH: NY tow 27 DC 16-1
	filled in 72 h	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM?
	ited within 24 h completely filled we carbon papers event, within 72	Douthern MATGLAND HOSPITAL CENTER 6717 RICHIE MAYLBOYD RD YES NO
	executed within and completely remove carbon prany event, with	3. NAME OF First Middle Last 4. DATE Month Day Year DECEASED 7
	omp ca ca vent	(Type or print) JOHN LUCE TOTNEY DEATH MAY 2 1966 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. ACE (In years IFUNDER 14 PAR IFUNDER 24 PAR 19. ACE (In years IFUNDER 14 PAR IFUNDER 24 PAR 19. ACE (In years IFUNDER 14 PAR IFUNDER 24 PAR 19. ACE (IN years IFUNDER 14 PAR IFUNDER 24 PAR 19. ACE (IN years IFUNDER 14 PAR IFUNDER 24 PAR 19. ACE (IN years IFUNDER 14 PAR IFUNDER 24 PAR 19. ACE (IN years IFUNDER 14 PAR IFUNDER 24 PAR 19. ACE (IN years IFUNDER 14 PAR IFUNDER 24 PAR 19. ACE (IN years IFUNDER 14 PAR IFUNDER 24 PAR 19. ACE (IN years IFUNDER 14 PAR 19. ACE (IN years IFUNDER
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	sicia lease and	during most of working life, even if retired) INDUSTRY? MACHINEST 2.5. Lou't WASH. D.C
		13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME
	ie death certificat the attending phy it permit. Then p nation, or removal,	JOHN HENRY TORNEY ANNA L HAYES
	end it.	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unkown) (If yes give war or dates of service)
	leath	NO JOHN H TOYNCY - SON
	F +-	18. CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH
	that the ician. sed by the I-transit	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) CAROLA CON CARCOLA CAROLA CARO
	regulres that ding physician peen signed if the burial-trar to burial, cre to burial, cre	O d o X DUE TO
	ph s ph s ph bur pur	Conditions, If any, which gave rise to immediate (b)
	law requires that the thing physician. The best signed bas the burial-tranprior to burial, ore	cause (a), stating the DUE TO Part of Canal Cana
	t: The la	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION CIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO
		20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.)
	SICIAN hospit s certi ached ept. of	20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
	HY Detti	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, Hour a.m. 20f. (City or town) (County) (State)
	After d be d be d be d be d	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) 20f. (City or town) (County) (State) 20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) 20f. (City or town) (County) 20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) 20f. (City or town) (County) 20f. (City or town)
	ENDI ined ined ould the S	21. I certify that (I) (this hospital) attended the deceased from $4-19$, 1966 , to $5-2$, 1966 that (I) (we) las
	OR ATTENE y be retaine DIRECTOR: age 3 should iled with the	saw the deceased alive on 5 - 1 1944, and that death occurred at 340 M, from the causes and on the date stated above
	ш (0) >	22a. SICNATURE 2 22b. DATE SICNED ATTENDING MED. STAFF 2 66
		M.D. PHYS. DIRECTOR PHYS. 22c. PHYSICIAN'S DIRECTOR PHYS.
	HOSPITAL age 4 may FUNERAL irector, pa	NAME (Type) SICI an Chovantou
	TO HOSPITAL Page 4 may O FUNERAL I director, pag	23a. BURIAL CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State)
	or o	Burial 5-4-66 Epiphany Church Cemetery Forestville Maryland
	L	24. FUNERAL DIRECTOR - 1 430 SADDRESS LITTURE 25a. REC'D BY RECISTRAR 25b. REGISTRAR'S SIGNATURE
	VR AI5 (4) 20M 1/65	Nobert & William SILITXAND MD DAMAY 4 1966 July
	20111 1/00	



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON, STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 07466 requires that the death certificate be executed within 24 hours after death ond campletely filled in by the funerol remove carbon popers. Pages 1 ond 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before odmission) o. STATE Maryland o. COUNTY b. COUNTY Prince George Prince George MARYLAND ve carbon popers. Pages 1 event, within 72 haurs after c. LENGTH OF STAY IN 16 b. CITY OR TOWN (If outside corporate limits, c CITY OR JOWN (If outside corporate limits, write RURAL and give nearest town)

Beallemende, Hyattsville D.O.A. d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS IS RESIDENCE ON A FARMS Prince George General Hospital 4200 73 rd Ave. YES 3. NAME OF 4. DATE First Middle Lost Month Doy Year DECEASED Helen Rebecca Turner May 1966 16 (Type or print) DEATH S. SEX 6. COLOR OR RACE AGE (In years YEAR IF UNDER 24 HRS. 7. MARRIED **NEVER MARRIED** DATE OF BIRTH lest birthdoy) Months June 15,1895 Hours Female White DIVORCED 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stote, or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired) U. SOUSTRY OV. U COUNTRY? g physicion Theo please Maryland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME John W. Preston Wood Emma Rebecca Wilkerson 1S. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no ocunknown) (If you 213-38-2813 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).) INTERVAL BETWEEN signed by the burial-tronsit p PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO burial Conditions, if ony, which gove rise to immediate couse (a) DUE TO os the stoting the underlying couse Page 4 may be retained by the hospitol or ottending this certificate hos been lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) WAS AUTOPSY PERFORMED? CERTIFICATION director, page 3 should be detached for use should be filed with the State Dept. of Health YES T NO 20o. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) Not While foctory, street, office bldg., etc.) of work of work O FUNERAL DIRECTOR: After 21. I certify that (1) (this haspital) attended the deceased fram. 10196, that (I) (we) last 17 16, 1966, and that death accurred at 9110 PM, fram causes and an the date stated above. saw the deceased alive an 22o. SIGNATURE 22b. DATE SIGNED **ATTENDING** STAFF PHYS. M.D. PHYS. DIRECTOR 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) YORKA 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23o. BURIAL CREMATION 23d. LOCATION (City or Town) (Stote) Burial (Specify) 5/19/66 Ft. Lincoln Colmar Manor,
REGISTRAR 2Sb. REGISTRAR'S SIGNATURE Md. ADDRESS 24. FUNERAL DIRECTOR 2So. REC'D BY REGISTRAR VR A15 (4) 20 M 1/66 Francis Gasch's Sons Hyattsville, Md.

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TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within Page 4 may be retained by the hospital or attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
O7467
CERTIFICATE OF DEATH

1. PLACE OF DEATH a. CDUNTY	2. USUAL RESIDENGE (Where deceased lived, If Institution: Residence before admission) a. STATE b. CDUNTY					
Prince Georges MARYLAND	Maryland Prince George's					
b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) MARYLAND c. LENGTH DF STAY IN 1b	c. GITY DR TOWN (If outside corporete limits, write RURAL end give hearest town)					
	1/-1					
Cheverly d. NAME OF HOSPITAL DR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS e. IS RESIDENGE					
at mine of the of the of the office and the office	ON A FARM?					
Prince George's General Hospital	9123 Central Avenue YES NO					
3. NAME DF First Middle DEGEASED	Last 4. DATE Month Day Year					
(Type or print) Percy	Vermillion DEATH May 16 19 66					
5. SEX 6. GDLDR DR RAGE 7. MARRIED NEVER MARRIED 8	B. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS.					
	Unknown 83 yrs. Hours Min.					
Male White WIDDWED State To Land USUAL DEGUPATION (GIVE kind of work done) 1Db. KIND OF BUSINESS OR	11. BIRTHPLACE (County & State, or foreign country) 12. GITIZEN OF WHAT					
during most of working life, even is resisted 1 INDUSTRY	CDUNTRY?					
Laborer (Tobacco Tenent	Maryland U. S.A					
13. FATHER'S NAME	14. MDTHER'S MAIDEN NAME					
Edward Vermillion	Elizabeth Beall					
15. WAS DEGEASED EVER IN U.S. ARMED FDRCES? 16. SDGIAL SEGURITY ND. 17. (Yes, no, or unkown) (If yes give war or dates of service)	INFORMANT Address					
No Ho	ospital Records-Cheverly, Md.					
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	I INTERVAL BETWEEN					
PART I. DEATH WAS GAUSED BY:	DNSET AND DEATH					
IMMEDIATE GAUSE (a)	and resufficiency					
334X DUE TO A	- //					
Gonditions, If any, which (b) Corchal arter	yrchroni					
gave rise to immediate (
underlying course test						
	TED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 119. WAS AUTOPSY					
FART II. DINER SIGNII IGANI GDNDI I IDAS GDNIN I BOTING I DERIN BOTING I REEK	PERFORMED?					
701	YES ND SES					
PARTII. DTHER SIGNIFIGANT GDNDITIDNS GDNTRIBUTING TO DEATH BUT NDT RELA 2Da. AGGIDENT WAS UNDERLYING TO BE CONTRIBUTING TO GONTRIBUTING TO GAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	IRRED. (Enter neture of injury in Part I or Pert II of Item 18.)					
	GE DF INJURY (Home, farm, 20f. (City or town) (County) (State)					
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OGGURRED 2De. PLACE 19 20d. INJURY OG	GE DF INJURY (Home, farm, ry, street, office bldg., etc.) (City or town) (County) (State)					
p.m. 19 at work et work						
21. I gertify that *\(\text{this hospital} \) attended the degeased from \(\text{A} \)	pril 19 , 1966, tp May 16 , 1966, that xt) (we) last					
	death pagurred atta: 40 M, from the gauses and on the date stated above.					
22a. SIGNATURE	22b. DATE SIGNED					
May Charen M.D	ATTENDING MEDITION STAFF STAFF STAFF DIRECTOR PHYS. EX 5-17-66					
22c. PHYSICIAN'S DOLL EDINE						
NAME (Type) WNALV CIEFORCA	Hyallrull, My					
23a. BURIAL, CREMATION, 23b. DATE THEREDF 23c. NAME OF CEMETERY	OR CREMATORY 23d. LOCATION (Gity, town or county) (State)					
REMOVAL (Specify)	Burial 5/19/66 Cedar Hill Cemetery Suitland Md.					
Burial 5/19/66 Cedar Hill 24. FUNERAL DIRECTOR ADDRESS	Ceme tery Suitland Md.					
Ritchie Bros. Fun'l Home-Upper Mar.	Theread and a M					
Ritchie Bros. Fun'l Home-Upper Mariboro MAY 23 1966 Charles Judge						

VR A15 (4) 15M 4-64

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE 07468 HEALTH DEPT. 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) o. COUNTY o. STATE b. COUNTY delay is and 3 ta M3. Page of death. Prince George's MARYLAND Maryland Prince George's Department b. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) CLENGTH OF STAY IN 15 c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) and after Riverdale Berwyn Heights 2 hours d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? Give Pages Leland Memorial Hospital 8900 57th, Avenue YES NO IX 3. NAME OF Middle First 4. DATE Manth Dov Year DECEASED with the William (Type ar print) Wallace DEATH 66 Lacev 9. AGE (In years S. SEX 6. COLOR OR RACE IF UNDER 1 YEAR IF UNDER 24 HRS 7. MARRIED NEVER MARRIED B. DATE OF BIRTH in Item 18. last birthday) Manths Haurs Days WIDOWED DIVORCED 24 haurs Male White July 1921 10a. USUAL OCCUPATION (Give kind of wark dane during most af warking life, even if retired) 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT INDUSTRY COUNTRY? Grevhound Bus Line Mechanic Virginia U.S.A. Page 4 shauld be forwarded to the Chief Medical Examiner 13. FATHER'S NAME pencil 14 MOTHER'S MAIDEN NAME certificate shauld be executed within 0 .u William Wallace Sr. Fannie Blassingham 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT Chesapeake, Va. (Yes, na, or unknawn) (If yes give war ar dates of service) removal. 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) INTERVAL BETWEEN PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0) Laceration of brain onset and Death g writing the ward crematian, DUE TO Conditions, if ony, which gave (b) From basal skull fracture over 2 hrs. rise ta immediate cause (a), DUE TO stating the underlying couse 0 PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? please execute the certificate, This NO agent, prior ta 20g. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Part II of item 1B.) PRIMARY or CONTRIBUTING CAL EXAMINER: CAUSE OF DEATH Fell down ten steps. MEDICAL 20d INJURY OCCURRED 20e, PLACE OF INJURY (Hame, form, 20c. TIME OF INJURY Month, Ogy, Year (City ar tawn) (County) (State) Haur o.m. While Not While foctory, street, office bldg., etc.) may be retained far yaur FUNERAL DIRECTOR: Page While at work Ot work 3:15am p.m. 5-17- 1966 Home Same as #2 designated 21. I certify that I taak charge of the remains described above, held an Autapsy ... Inspection x, Inquiry x and in my opinion Accident X Suicide . Undetermined manner death resulted frama National causes Homicide CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE O DEPUTY DEPUTY MEDICAL EXAMINER X ar **EXAMINER'S** Health John Kehoe, M.D. Riverdale, Md. NAME (Type) Address (Street, city, tawn, or county) 23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 0 REMOVAL (Specify)
Burial 5-20-66 Magnolia Cemetery Norfolk ADDRESS WASH, D.C. 25a. RECD BY REGISTRAR 258 256. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTO VR A15ME (5) DAMAY 6M 1/66

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH hours after death. and 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) e. COUNTY a. STATE b. COUNTY completely filled in by the ve carbon papers. Pages 1 event, within 72 hours after Maryland Prince George's Prince George's MARYLAND b. CITY DR TOWN (If outside corporate limits. c. CITY OR TOWN (If outside corporate limits, write RURAL end give nearest town) c. LENGTH OF STAY IN 1b write RURAL and give nearest town) Cheverly 10 days Hyattsville 16d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? Prince George's General Hospital 6000 35th Avenue ND X YES The law requires that the death certificate be executed within NAME OF 3. First Middle Last DATE Month Day Year 4. DECEASED (Type or print) DEATH John Herbert Webb 15 19 May 66 sician and com 5. SEX 6. COLOR OR RACE DATE OF BIRTH AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS 7. MARRIED NEVER MARRIED last birthday) | Months | Days Hours White WIDOWED 3 DIVORCED Male July 5, 1876 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? 11. BIRTHPLACE (County & State, or foreign country) during most of working life, even if retired) Union Station England U.S. A. Retired Electrician physical plegar or removal, 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME been signed by the attending plate burial-transit permit. Then to burial, cremation, or remova Harriet White Z. William Webb 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16. SOCIAL SECURITY NO. Address (Yes, no, or unkown) (If yes give war or dates of service) W. Waverly Webb Same as #2 719 09 1234 (son) 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN DNSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) the hospital or attending physician. DUE TO Conditions, If any, which (b) this certificate has been detached for use as the been been. of Health prior to b gave rise to immediate **DUE TO** (a), stating underlying cause last. (C) CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTDPSY detached for use e Dept. of Health PERFORMED? NO T YES PHYSICIAN: 20a, ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) i be detached for State Dept. of H OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL TIME OF INJURY Month, Day, Year (State) 20d. INJURY DCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) factory, street, office bldg., etc.) RECTOR: After to 3 should be de li with the State Hour a.m. While Not While p ATTENDING at work p.m. 19 at work be retained 21. I certify that (I) (this hospital) attended the deceased from FUNERAL DIRECTOR: irector, page 3 shoul saw the deceased alive on and that death occurred at M. from the causes and on the date stated above. SIGNATURE DATE SIGNED 22a. 22b. director, page 3 should be filed v ATTENDING PHYS. PHYS. M.D. DIRECTOR 4 may HOSPITAL 22c. PHYSICIAN'S 22d. **ADDRESS** NAME (Type) omeau 503 LOCATION (City, town or county) (State) BURIAL, CREMATION. 23b. DATE THEREOF NAME OF CEMETERY OR CREMATORY 23d. BEMOVAL (Specify) 0 Colmar Manor, Md /18/66 Lincoln 24. FUNERAL DIRECTOR REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE ADDRESS 25a. VR A15 (4) Francis Gasch's Sons Hyattsville, Maryland 15M 4-64

Lu days SUCCESSION AVERNO Miles y Child (EST) MARS CORRESPONDED. TO SEE STATE OF THE SECOND PROPERTY OF THE The same of the sa

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W, PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH uneral death. and PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. COUNTY a. STATE b. COUNTY after on papers. Pages 1 within 72 hours after MARYLAND Prince George's by the c. CITY OR TOWN (If outside corporate limits, write RURAL end give nearest town) b. CITY OR TOWN (If outside corporate limits. c. LENGTH OF STAY IN 1b write RURAL and give nearest town) hours Washington D. C. 7 days Cheverly 드 d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE filled ON A FARM? 1736 S. Street Prince George's General Hospital NO YES: etely executed within npletely NAME OF DATE Month Day Middle Year DECEASED William Weimar Sr May 66 A. DEATH 19 (Type or print) 6. COLOR OR RACE | 7. MARRIED 8. DATE OF BIRTH AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS. | Hours | Min. 5. SEX NEVER MARRIED White Male 3/7/04 WIDOWED XX DIVORCED 10a. USUAL OCCUPATION (Give kind of work done | 10b, KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT physician n during most of working life, even if retired) INDUSTRY be and DC Government Supervisor Washington. certificate removal. 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME attending | Henriette Geblick Theodore Weimar 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. | 17. INFORMANT Address 0 death (Yes, no, or unknwn) \((If yes nive war or dates of service) Wm. A. Weimar Jr. 1308-56th Ave. Hillside Md 578-07-7438 cremation. the INTERVAL BETWEEN 18. CAUSE OF DEATH [Enter only one cause per line) for (a), (b), and (c).] ONSET AND DEATH Carcinomato 515 signed by PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Caremoma Conditions, If any, which certificate has been gave rise to immediate r the DUE TO cause (a), stating the prior underlying cause last. CERTIFICATION WAS AUTOPSY PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUTNOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) for use Health use PERFORMED? YES X NO T After this cerum.

After the detached fo PHYSICIAN: 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of Injury In Pert I or Part II of Item 18.) 20a. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL (County) (State) 20c. TIME OF INJURY Month, Day, Year 20e, PLACE OF INJURY (Home, farm, 20f. (City or town) 20d. INJURY OCCURRED factory, street, office bldg., etc.) Hour a.m. While Not While at work at work be retained 12 196 6 that (I) (we) last 1965 to man 21. I certify that (I) (this hospital) attended the deceased from Oct FUNERAL DIRECTOR: 196 4 and that death occurred at 11:1 M, from the causes and on the date stated above. saw the deceased alive on_ 3 showith 22b. DATE SIGNED 22a. SIGNATURE am ATTENDING PHYS. page M.D. DIRECTOR PHYS. Page 4 may ADDRESS 22c. PHYSICIAN'S 22d. director, p NAME (Type) 23c. NAME OF CEMETERY OR CREMATORY LOCATION (City, town or county) BURIAL, CREMATION, 23b. DATE THEREOF REMOVAL (Specify) 2 Suitland, Cedar Hill Cemetery Mav REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE FUNCERAL DIRECTOR **ADDRESS** enemone VR A15 (4) 1661-Good Hope Rd SE Wash DC Simmons Bros. 15M 4-64

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	apparations.		
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1. PLEC by Death 1. PLEC by			DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, M	MARYLAND
DETRYOR (FORM If outside corporate limits, with a mark and but with a mide and give nearest town with a mide	Entra		CERTIFICATE OF DEATH	07465
wyte fundt, and give energet form) 2 days 57 min. Hyattsville, 6. Is residence of the proper in the property of the propert	a de la	1.	PLACE DF DEATH a. CDUNTY 2. USUAL RESIDENCE (Where deceased lived, If Institution: I	
write Burkal and give nearest town) 2 days 57 min 3. Hyattsville, 4. Date Prince George's General Hospital 7464 Euclid St. Prince George's General Hospital 75. BEX Prince George's General Hospital 76. AME of Hospital Or Institution (if not in beophtal, give street address) Prince George's General Hospital 77. Markied Middle Twin I Lest 4. Date Month Prince George's Pint May 21 1966 8. Date of Beath May 21 1966 8. Date of Beath May 19, 1966 9. Add (in year (Irunobea 1948) House 2018 10a. USUAL OCCUPATION (Give kind of work done low for done done during most of working life, even if refered) N/A 10a. USUAL OCCUPATION (Give kind of work done low for done done during most of working life, even if refered) N/A 11b. Histifflack (Gounty & State, or ferring esunity) N/A 11c. Address Robert Lloyle Weston 11c. GAUSE OF BEATH Center only one cause page light for (a), (b), and tool 11c. GAUSE OF BEATH Center only one cause page light for (a), (b), and tool 11c. GAUSE OF BEATH Center only one cause page light for (a), (b), and tool 11c. GAUSE OF BEATH Center only one cause page light for (a), (b), and tool 11c. GAUSE OF BEATH Center only one cause page light for (a), (b), and tool 11c. GAUSE OF BEATH Center only one cause page light for (a), (b), and tool 11c. GAUSE OF BEATH Center only one cause page light for (a), (b), and tool 11c. GAUSE OF BEATH Center only one cause page light for (a), (b), and tool 11c. GAUSE OF BEATH Center only one cause page light for (a), (b), and tool 11c. GAUSE OF BEATH Center only one cause page light for (a), (b), and tool 11c. GAUSE OF BEATH Center only one cause page light for (a), (b), and tool 11c. GAUSE OF BEATH Center only one cause page light for (a), (b), and tool 11c. GAUSE OF BEATH Center only one cause page light for (a), (b), and tool 11c. GAUSE OF BEATH Center only one cause page light for (a), (b), and tool 11c. GAUSE OF BEATH Center only one cause page light for (a), (b), and tool 11c. GAUSE OF BEATH CENTER OF BEATH CENTER OF BEATH CENTER OF B	fte		Prince George's MARYLAND Maryland Pri	
d. NAME OF HOSPITAL OR INSTITUTION (if not in bospital, give street address) d. STREET ADDRESS d. STREET ADDRESS NAME OF DEFCASED Prince George's General Hospital Table Abit A	1		write RURAL and give nearest town)	
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2Dc. TIME OF INJURY Month, Day, Year Hour a.m. p.m. 19 at work Not While at work 19 not that (I) (this hospital) attended the deceased from May 19 not that death occurred at \$1.50 m, from the causes and on the date stated above 22a. SIGNATURE 21. I certify that (I) (this hospital) attended the deceased from May 19 not that death occurred at \$1.50 m, from the causes and on the date stated above 22a. SIGNATURE ATTENDING MED. 22c. PHYSICIAN'S NAME (Type) Bernardo Alvarado, 6201 Riverdale, Rd., Riverdale, Md. 23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY Cheverly Maryland ADDRESS Prince Georges Gen. Hospital By Registrar 25b. Registrar's SIGNATURE			under the cause hat	
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21. I certify that (I) (this hospital) attended the deceased from May 19 , 19.66 , to May 21 , 19.66 , that (I) (we) la saw the deceased alive on May 2 , 19.66 , and that death occurred at \$.50 M, from the causes and on the date stated above 22a. SIGNATURE AM	I	EDIC/	Hour a.m. while Not while factory, street, office bidg., etc.)	unty) (State)
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ATTENDING MED. STAFF DIRECTOR	ı			the date stated abov
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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before edmission) a. COUNTY a. STATE b. COUNTY 90 MARYLAND Prince George Maryland Prince George C. CITY OR TOWN It outside corporate limits, write RURAL and give nearest lown) b. CIT OR IOWN (if ourside supporate limits. c. LENGTH OF STAY IN 16 write RURAL and give nearest town) Mt Rainier 3208 Chillium Rd d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? 18th Ave Mt Rainier YES NO completely NAME OF Middle Month Day Year DECEASED (Type or print) DEATH Lillian May Mav 19 and cor 6. COLOR OR RACE | 7. MARRIED | NEVER MARRIED 5. SEX 8. DATE OF BIRTH AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS. last birthday) Months Dave Hours Female WIDOWED DIVORCED physician 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY | 11, BIRTHPLACE (County & Stale, or loreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired Housewife Virginia 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME please Henderson 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | Address (Yes, no, or unkown) | (If yes give war or dates of service) Peterson-daughter Same Helen ending physician. been signed by the 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c). INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which gave risa to immadiate cause DUF TO (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 1 19. WAS AUTOPSY S 0 PERFORMED? NO Z 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Part I or Part II of item 18.) 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH WEDICAL 20c. TIME OF INJURY 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) Month, Day, Year factory weet, office bldg., etc.) While Not While Hour a.m. at work at work p.m 21. I certify that (I) (this the ital) attended the deceased from the deceased alive on. 19 6 and that death occurred al M, from the causes and on the date stated above. SIGNATURE 22b. DATE ATTENDING SIGNED PHYS. DIRECTOR death. Page 4 with the c. PHYSICIAN'S NAME (Type) filed V 238. BURIAL, CREMATION, | 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) REMOVAL (Spacify)
Burial Fort.Lincoln Cemetery OH Colmar Manor Md 24 FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** BY REGISTRAR 256. REGISTRAR'S SIGNATURE VR A15 (4) Washington.D.C.

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Maken W. Lieuteon Top again WAY 2 4 1986

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 07474 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DEPT. 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) o. STATE Md o. COUNTY Prince George death. MARYLAND b. CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) and write Chever in peorest town) 28 days Jessup ! d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS IS RESIDENCE ON A FARM? hours Prince George General Hospital Box 32 A NO X after death. Middle 3. NAME OF Lost 4. DATE Month DECEASED White Margaret May Helen 31 66 19 (Type or print) DEATH S. SEX 6. COLOR OR RACE 8. DATE OF BIRTH 9. AGE (In years IF UNOER 1 YEAR 7. MARRIED NEVER MARRIED birthdoy) Months Doys WIDOWED X DIVORCED Dec: haurs event 10b. KIND OF BUSINESS OR 10o. USUAL OCCUPATION (Give kind of work done 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT during most of orking life, even if retired INDUSTRA COUNTRY? any within pencil pup 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT This certificate shauld be executed (Yes, no, or unknown) (If yes give wor or dates of service ar removal, 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) PART I. DEATH WAS CAUSED BY Heart failure IMMEDIATE CAUSE (o) writing the word burial, crematian, DUE TO Conditions, if ony, which gove Arteriosclerotic heart disease Years rise to immediate couse (a). DUE TO stoting the underlying couse 19. WAS AUTOPSY PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) PERFORMED? please execute the certificate. Intertrochanteric fracture of right hip 28 days NO 3d p 20o. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.) PRIMARY OF CONTRIBUTING CAUSE OF DEATH. **EXAMINER:** Fell at home 20c. TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) foctory, street, office bldg., etc.) Not While 66 of work O of work 4:00mm 5 Home Same as #2 Inquiry x 21. I certify that I took charge of the remains described above, held on Autopsy Inspection x, and in my opinion deoth resulted from: Notural couses Undetermined manner Accident Suicide Homicide CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE O DEPUTY DEPUTY MEDICAL EXAMINER **EXAMINER'S** ohn Kehoe, M.D., Riverdale 5-31-66 O FUNER Health Address (Street, city, town, of county) NAME (Type) the 23c. NAME OF CEMETERY OR CREMATORY 230. BURIAL CREMATION 23d. LOCATION (City or Town) DATE THEREOF (Stote) 2So. REC'D BY REGISTRAR VR A15ME (5) 1966

Health Committee Balt (1901) The State of State

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. completely filled in by the funeral carbon papers. Pages 1 and 2 yevent, within 72 hours after death. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and director, page 3 should be detached for use as the burial-transit permit. Then please should be filed with the State Dept. of Health prior to burial, cramation, or removal, and in all should be filed with the State Dept. of Health prior to burial, cramation, or removal, and in all should be filed with the State Dept. Page 4 may be retained by the hospital or attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

OLKIII I	DAIL OF DEAT	**	14408
1. PLACE OF DEATH e. COUNTY			nstitution: Residence before admission)
Prince George MARYL		nd. Pr	rince George
b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)		If outside corporete limits, w	write RURAL end give nearest town)
Riverdale	Laurel		13-1
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street and Eugene Leland Memorial Hospital			6. IS RESIDENCE ON A FARM?
		Grant Avenue	YES NO NO
3. NAME DF DECEASED (Type or print) Whiting, French E.	WHITING	4. DATE Mon DF DEATH May	th Day Year 17 1966
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years	LIETINDED 1 VEAD HE HINDED 24 HDS
male white WIDOWED I DIVORCED		last birthday) 86 yrs.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even If retired) 10b. KIND OF BUSINESS OR INDUSTRY		County & State, or foreign country	COUNTRY?
Maintena c e		Virginia	American
13. FATHER'S NAME	14. MOTHER'S MA	IDEN NAME	
Robert Whiting	Blanci	ne Davis	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO.		Addre	ess
(Yes, no, or unknown) (If yes give war or dates of service)	Margaret Coo	n/daughter/Medi	ical Records
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c)			1 INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) RENAL	FAILURE		ONSET AND DEATH
	10110000		1 WEEK
Cenditions, If any, which	IVE HEART	FAILURG	2 WKT
gave rise to Immediate cause (a), stating the DUE TO	RTERIOSCLE	Roscs	ONKNOWN
			N PART 1(a) 19. WAS AUTOPSY PERFORMED?
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUTN 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	Y OCCURRED. (Enter nature	of Injury in Part I or Part II	of Item 18.)
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 2 Hour a.m. p.m. 19 While at work et work	Oe. PLACE OF INJURY (Home, factory, street, office bldg.	farm, 20f. (City or town)	(County) (State)
21. I certify that (I) (this hospital) attended the deceased fr	om 4-30	1966, to 5-17	19 66, that (I) (we) last
saw the deceased alive on 5-16 1966 at	nd that death occurred at	95 AM. from the causes	s and on the date stated above.
22a. SIGNATURE	M D PHYS	MED. STAFF	22b. DATE SIGNED
C. Mollinger	m.o. 11110.	DIRECTOR PHYS.	7.11-00
PHYSICIAN'S NAME (Type) C. J. Houmann, M. D.	22d. ADDRESS 4404 Qu	eensbury Road,	Riverdale, Md.
23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF SE REMOVAL (Specify) 5-19-66	METERY OR CREMATORY	23d. LOCATION (City,	town or county) (State)
ADDRESS ADDRESS ADDRESS		Y 2/6 1966	REGISTRAR'S SIGNATURE
III MI WAS INTERNATIONAL SANCTONIA	DATE	THE POOL OF	They were

VR AI5 (4) 20M 1/65

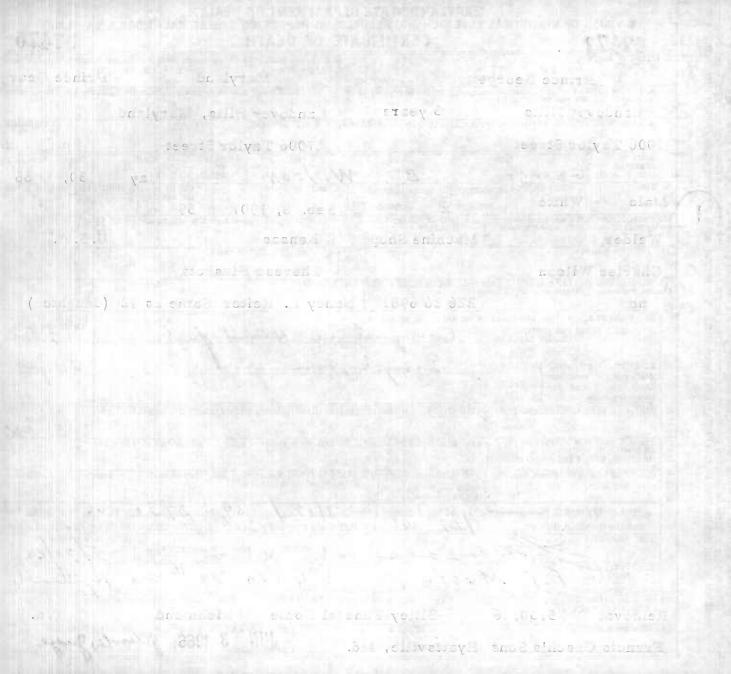
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MARYLAND STATE DEPARTMENT OF HEALTH

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	1	MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND	
2	LNE	07477 CERTIFICATE OF DEATH 07470	
leat	funeral and 2 r death.	1. PLACE OF DEATH a. COUNTY 2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admiss	ion)
- Le	the fu	Prince George MARYLAND a. STATE Maryland b. COUNTY Prince Geo	rg
#	y the ages 1 s after	b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) c. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)	vn)
hours after death.	s. Pag hours	Landover Hills 3 years Landover Hills, Maryland	
24 hg	filled papers in 72 t	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDET ON A FARM	CE
	y fillec paper thin 72	7006 Taylor Street 7006 Taylor Street YES NO	X
with:	completely filled yve carbon papers event, within 72	3. NAME OF First Middle Last 4. DATE Month Day Year DECEASED OF	
Pe	omp c ca vent	(Type or print) George B Wi / SolV DEATH May 30, 19 66 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24	IRS.
cat	and col	Male White last birthday) Months Days Hours M	ln.
ехе		10a, USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR 11, BIRTHPLACE (County & State, or foreign country) 12, CITIZEN OF WHAT	
be	sician lease-r	during most of working life, even if retired) Welder Machine Shop Kansas COUNTRY? U.S. A.	
cate	4 d 4	13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME	
E	attending phy srmit. Then p n, or removal,	Charles Wilson Theresa Pluskota	
č	tend iit. or re	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no, or unknown) (If yes give war or dates of service)	
leat	e at on,	no 226 26 6981 Nancy L. Reiter Same as #2 (daughter)	
requires that the death certificate be executed within ding physician.	signed by the atten burial-transit permit. burial, cremation, or	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWE ONSET AND DEAT	H
at t	tran cre	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Congestive Heart fullime & S. C.	20
s th	rial	Conditions, If any, which \ (b)	7
uire g pi	en s o pn	gave rise to Immediate	0
ndin	s the	cause (a), stating the underlying cause last. (c)	
The faw or atter	har har h		SY ?
The	cate r us ealt	YES NO	N
ATTENDING PHYSICIAN: The law requires that tretained by the hospital or attending physician.	T P P	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOP PERFORMED YES NO OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	
PHYSICIA the hospi	s ce ache ept.		_
PHY	e det	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) p.m. 19 At work at work)
ATTENDING retained by	Star		_
END	the delay	21. I certify that (I) (this hospital) attended the deceased from 3/(1, 1964, to 8/20, 1966, that (I) (we) saw the deceased alive on 5/28 1966, and that death occurred at 3:00M, from the causes and on the date stated about	
E E E	S sh	saw the deceased alive on 1946, and that death occurred at J. 2/M, from the causes and on the date stated about 22a. SIGNATURE 22b. DATE SIGNED /	Jve.
88	Bee ed	M.D. ATTENDING MED. STAFF DIRECTOR PHYS. 5/30/65	
TAL	Par l	22c. PHYSICIAN'S NAME (Type) F F M. C.C. 22d. ADDRESS 24 to an 14 the I	1
D HOSPITAL Page 4 may	TO FUNERAL DIRECTOR. After this certificate has been signed by the director, page 3 should be detached for use as the burial-transit should be filed with the State Dept. of Health prior to burial, crema	1.1.11033 € 1 110 11	1
Pag	Shorts	23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY REMOVAL (Specify) 5/30/66 Bliley Funeral Home Richmond Va.	
		Removal 5/30/66 Bliley Funeral Home Richmond Va. 24. FUNERAL DIRECTOR ADDRESS 25a, REC'D BY REGISTRAR'S SIGNATURE	
VR	A15 (4)	Francis Gasch's Sons Hyattsville, Md. July 3 1966 fcharles July	
	4 4-64	Transition described by the party state of the part	_



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH るり 24 hours after death. leath. funer PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. COUNTY a. Maryland b. COUNTY Prince George's Pages 1 Prince George's MARYLAND b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) completely filled in by a ve carbon papers. Page event, within 72 hours/a write RURAL and give nearest town) 7 hr. 32 min Kentland Cheverly d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? Prince George's General Hospital 7542 Hawthorne Street YES NO X First Middle Last 4. DATE Month Day DECEASED Winals 19 1966 May Gary DEATH (Type or print) W 5. SFX 6. COLOR OR RACE | 7. MARRIED | NEVER MARRIED AGE (In years | IF UNDER 1 YEAR | F UNDER 24 HRS. | Ist birthday) | Months | Days | Hours | Min 8. DATE OF BIRTH White May 19, 1966 Male WIDOWED [DIVORCED [10a. USUAL OCCUPATION (Give kind of workdone during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT law requires that the death certificate be COUNTRY? Prince George, Maryland none 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Mary Elizabeth Chapman Bernard Joseph Winals 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address 0 (Yes, no, or unkown) (If yes give war or dates of service) Mother as above no 18. CAUSE OF OEATH [Enter only one cause per line for (a), (b), and (c). INTERVAL BETWEEN ONSET AND DEATH been signed by t the burial-transit or to burial, crema PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) the hospital or attending physician. DUE TO Conditions, If any, which gave rise to immediate DUE TO cause (a), stating the underlying cause last. 38 PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY PERFORMED? YES NO T 2Da. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part 11 of Item 18.) detached 20c, TIME OF INJURY Month, Day, Year 2Dd. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) factory, street, office bldg., etc.) Hour a.m. Not While at work While at work retained 21. I certify that M (this hospital) attended the deceased from May 19 19 66, to May 19m, 19 66, that (K (we) last DIRECTOR: age 3 should led with the 19 66, and that death occurred at 11:200 from the causes and on the date stated above. May saw the deceased alive on_ 22a. SIGNATURE 22b. DATE SIGNED am ATTENDING MFD. STAFF PHYS. DIRECTOR M.D. Page 4 may director, pr FUNERAL PHYSICIAM'S 22d. ADDRESS NAME (Type) BURIAL, CREMATION, REMOVAL (Specify) 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) 2 5/21/66 Burial Lincoln Colmar Manor 24. FUNERAL DIRECTOR REC'D BY REGISTRAR | 25b REGISTRAR'S Sons VR ALS (4) Hyattsville, Md Gasch's 2DM 1/65

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\$ \$9 2	Tuna Laurio			10 1216	132700

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 7479 requires that the death certificate be executed within 24 haurs after death. filled in by the funeral papers. Pages 1 and PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) deg a. COUNTY b. COUNTY a. STATE papers. Pages 1 hin 72 hours after Prince Georges MARYLAND b. CITY OR TOWN (If autside carparate limits, c, CITY OR TOWN (If outside carporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b write RURAL and give nearest tawn) Glenn Dale (rural) B years,
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospitol, give street oddress) B years, 8 dys Washington d. STREET ADDRESS e. IS RESIDENCE ON A FARM? YES NO K Glenn Dale Hospital 130 Randolph Place N. campletely fi 3. NAME OF Middle 4. DATE First Doy Year DECEASED (Type or print) DEATH IF UNDER 1 YEAR Doretha Young 19 66 IF UNDER 24 HRS. May S. SEX 8. DATE OF BIRTH AGE (In years 6. COLOR OR RACE 7. MARRIED NEVER MARRIED attending physician was remave lost birthday) Months Doys Haurs eparated WIDOWFD burial, crematian, or remaval, and in any 4/25/1918 Female Negro

10o. USUAL OCCUPATION (Give kind of work done Female 11. 81RTHPLACE (County & State, or fareign country) 12. CITIZEN OF WHAT 10b. KIND OF BUSINESS OR during mast af working life, even if retired) **COUNTRY?** INDUSTRY Practical Nurse South Carolina USA 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Hannah Immond Henry Carmichae IS. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, na, ar unknawn) (If yes give wor ar dates of service) 17. INFORMANT 16. SOCIAL SECURITY NO. Address permit. decedent No unknown 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).)
PART I. DEATH WAS CAUSED 8Y:

Bronchopper INTERVAL BETWEEN signed by the burial-transit p ONSET AND DEATH Bronchopneumonia IMMEDIATE CAUSE (o) Page 4 may be retained by the hospital or attending physician. DUE TO Conditions, if ony, which gave rise to immediate cause (a). DUE TO Polymyositis, etiology undetermined (possible thy rotoxic myopathy: possible myasthenia gravis). stating the underlying cause be detached far use as the State Dept. af Health priar to FUNERAL DIRECTOR: After this certificate has been irectar, page 3 should be detached far use as the Vrs. 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) Chronic pyelonephritis; diabetes mellitus. NO X 20o. ACCIDENT WAS UNDERLYING 205. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) directar, page 3 shauld be detache shauld be filed with the State Dept. (City or town) (Stote) 20c. TIME OF INJURY Manth, Dov. Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, form, (County) Not While factory, street, affice bldg., etc.) ot work ot work P. ta 5/2 21. I certify that (1) (this haspital) attended the deceased fram 4/24 saw the deceased olive on 5/2 1966, and that death 1966, that \$ (we) last 19 66, and that death occurred of M, fram causes and an the date stated above. 22o. SIGNATURE 22b. DATE SIGNED STAFF PHYS. ATTENDING 5/2/66 X DIRECTOR 22d. ADDRESS 22c. PHYSICIAN'S Glenn Dale Hospital NAME (Type) Moe Weiss, M. D. Glenn Dale, Maryland 23d. LOCATION (City or Town) 23a. BURIAL, CREMATION, REMOVAL (Specify) 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY (County) (Stote) Washington, D. C. Kan 2 Removal 24. FUNERAL DIRECTOR P 2So. REC'D 8Y REGISTRAR VR A15 (4) 20 M 1/66 Plia

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH hours after death. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) COUNTY b. COUNTY Prince Georges Prince Georges MARYLAND c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Pages CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b Riverdale 9 1/2 hours Greenbelt = filled i papers. d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? 24 6-B Research Road Eugene Leland Memorial Hospital NO X completely f withi executed within NAME DE Middle Last 4. DATE Month Day Year DECEASED (Type or print) Myron L. Zabriskie DEATH 1966 May AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS DATE OF BIRTH 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED last birthday) | Months | Days Hours 6-2-1880 Male WIDOWED X DIVORCED 10a. USUAL OCCUPATION (Give kind of work done 12. CITIZEN OF WHAT 10b. KIND OF BUSINESS OR 11. BIRT HPLACE (County & State, or foreign country) ease COUNTRY? during most of working life, even if retired) INDUSTRY Mail carrier US Post Office Englewood, New Jersey USA 0 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME Then present death certifica ā John B. Zabriskie Melissa Haring 15. WAS DECEASED EVER IN U.S. ARMED FDRCES? 17. INFORMANT transit permit. 16. SOCIAL SECURITY NO. Address Maryland (Yes, no. or unkown) (If yes tive war or dates of service) Howard Zabriskie. Riverdal Unknown INTERVAL BETWEEN ONSET AND DEATH 18. CAUSE DF DEATH [Enter only one cause per-line for (a). -transit PART I. DEATH WAS CAUSED BY: **OR ATTENDING PHYSICIAN:** The law requires that tile retained by the hospital or attending physician. that heen signed be as the burial-tran h prior to burial, cre IMMEDIATE CAUSE (a) DUE TO Cenditions, If any, which gave rise to Immediate cause (a), stating the underlying cause last, WAS AUTOPSY CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) certificate hither for use of Health p PERFORMED? NO 20a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) etached f Dept. of MEDICAL (County) (State) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) factory, street, office bldg., etc.) Hour a.m. Not While at work at work DIRECTOR: A age 3 should filed with the 21. I certify that (I) (this hospital) attended the deceased from M. from the causes and on the date stated above saw the deceased alive on and that death occurred at 22a. SIGNATURE DATE SIGNED page ATTENDING STAFF PHYS. M.D. PHYS DIRECTOR Page 4 may FUNERAL PHYSICIAN'S 22d. ADDRESS director, p should be 1 NAME (Type) NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town BURIAL, CREMATION. 23b. OATE THEREOF REMOVAL (Specify) 0 GENFIELD. 0. FUNERAL DIRECTOR 25b. VR A.15 (4) 20M 1/65

STEEL 9 I/2 Hatte Subritains of the -Morrotte The Post Office | Linglewood, New Jerost 100 Carolina Holm B. Sabriadice REAL WAS BORN IN VAM THE TANK STREET, THE STREET, THE